Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	d on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Belinda Blake	M M / D D / Y Y Y Y Y
Mailing Address 7214 Duchamp Dr.	07 11 2014 Amount
City State Zip Code	10.00
Char NC 28215	Transaction ID: d7e0c6f9-e102-4e05-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Offic	e Sought: House District:00
Ms. Kay Hagan Oppose	President State: NC State:
Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Belinda Blake	07 11 2014
Mailing Address 7214 Duchamp Dr.	2014
	Amount
City State Zip Code	3.00
Char NC 28215	Transaction ID : 976a7f1a-d873-45fd-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Time 002	M = M / D = D / Y = Y = Y
Type 502	07 11 2014
Name of Federal Candidate Support Office	ee Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Disb	ursement For: Primary X General
Per Election for Office Sought 156614.88 2014	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	13.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
	7 7 7
(c) TOTAL Independent Expenditures.	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	07 14 2014
Signature	

Schedule E)	31101120	PAGE 2 OF 95 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report X New re	eport Amends report fil	led on
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Full Name of Payee Casey Stockton		Date of Public Distribution/Dissemination 07 11 2014
Mailing Address 105 South Dale St		Amount
City State	Zip Code	25.00
Spruce Pine NC	28777	Transaction ID: c4b68367-80af-4d95-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07 / 11 / 2014
Name of Federal Candidate	Support Of	fice Sought: House District: 00
Ms. Kay Hagan	Oppose [President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	156614.88 Dis 20	sbursement For: Primary X General 14 Other (specify) ▶
Full Name of Payee Casey Stockton		Date of Public Distribution/Dissemination
Mailing Address 105 South Dale St		07 11 / 2014
100 00417 2410 01		Amount
City State	Zip Code	9.60
Spruce Pine NC Purpose of Expenditure	28777	Transaction ID: dc4c0851-f37d-427d-8 Date of Disbursement or Obligation
Mileage	Category/ Type 002	07
Name of Federal Candidate	Support Of	ffice Sought: House District: 00
Ms. Kay Hagan	∑ Oppose [President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		isbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		34.60
(e) ••= •••••••••••••••••••••••••••••••••	-	
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electro	onically Filed] Date	07 14 2014
Signature		

Schedule E)	PENT EXICITE	TIONES	PAGE 3 OF 95 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Mary Johnson			07
Mailing Address 105 South Dale St			Amount
City	State	Zip Code	25.00
Spruce Pine	NC	28777	Transaction ID: a443297b-5ebe-47f3-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	156614.88	Disbursement For:
Full Name of Payee	<u> </u>		Date of Public Distribution/Dissemination
Ralphie Lockhart			07
Mailing Address 6310 Col Glenn Rd			Amount
City	State	Zip Code	40.00
Little Rock	AR	72204	Transaction ID : faee3488-927e-4a76-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought		18410.93	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	ditures		65.00
(b) SUBTOTAL of Unitemized Independent Exp	penditures		•
(c) TOTAL Independent Expenditures			•
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 14 2014
J.g			

Schedule E)					PAGE 4 OF 95 FOR SE OF FORM 24/48
NAME OF COMM				FE	EC IDENTIFICATION NUMBER ▼
Women Spe	eak Out PAC				C00530766
				M =	M / D D / Y Y Y Y Y
	nour report 🔀 48-hour repo	ort New rep	ort Amends repo	ort filed on	
Full Name of Ralphie I				Date of I	
Mailing Addre	SS 6310 Col Glenn Rd			Amount	11 25.7
City		State	Zip Code		6.60
Little Rock		AR	72204		tion ID: 745291fd-5e06-473f-8 Disbursement or Obligation
Purpose of Ex Mileage	xpenditure		Category/ Type 002	07	M / D D / Y Y Y
Name of Fed	eral Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pı	yor		X Oppose	President	
	Year-To-Date tion for Office Sought	7 7	18410.93	Disbursement F 2014 Othe	or: Primary X General or (specify) ▶
Full Name of James Ki				Date of	
Mailing Addre	5510 Dogwood Dr			Amount	
City		State	Zip Code		25.00
Winston Sale		NC	27105		ion ID : 1be842fc-cc0e-4af3-a Disbursement or Obligation
Purpose of E Salary	xpenditure		Category/ Type 001	07	7 11 / 2014
Name of Fed	eral Candidate		Support	Office Sought:	House District:00
Ms. Kay Hag	an		Oppose	President	-
	r Year-To-Date tion for Office Sought		156614.88	Disbursement F 2014 Othe	For: Primary X General er (specify) ▶
(a) SUBTOTAI	L of Itemized Independent Exp	enditures		· []	31.60
(b) SUBTOTAI	L of Unitemized Independent E	xpenditures			7 1 7 1 7
(c) TOTAL Ind	ependent Expenditures			•	7 1 7 1 7
with, or at the		candidate or authorized			peration, consultation, or concert e reporting entity is not a political
	Is. Emily Buchanan	[Electron	nically Filed] Date	e 07	14 2014
Signature					

Schedule E)	a ENDITORIES	PAGE 5 OF 95 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
		M M / D D / Y Y Y Y
Check if 24-hour report X 48-hour report	New report Amends report file	ed on
Full Name of Payee James Kindstedt		Date of Public Distribution/Dissemination
		07 11 2014
Mailing Address 5510 Dogwood Dr		Amount
City State	e Zip Code	3.21
Winston Salem NC	27105	Transaction ID: 952da63d-9415-47a6-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	07 / 11 / 2014
Name of Federal Candidate	Support Office	ce Sought: House District: 00
Ms. Kay Hagan	Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	156614.88 Disl	bursement For: Primary
Full Name of Payee	·	Date of Public Distribution/Dissemination
Joanna Kindstedt		07 11 2014
Mailing Address 2134 Tobaccoville Rd		Amount
	7: 0 1	
City State Rural Hall NC	'	Z5.00 Transaction ID : 3e136419-462c-4f8d-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07 / 11 / 2014
Name of Federal Candidate	Support Offi	ce Sought: House District:00
Ms. Kay Hagan	∑ Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	156614.88 Dis 201	bursement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·····	28.21
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	•	
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.	authorized committee or agent of eith	
Ms. Emily Buchanan	[Electronically Filed] Date	07 14 2014
Signature	_	

Schedule E)	DEITI EXI EITD	TOTILO	PAGE 6 OF 95 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER	₩
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour repo	rt New rep	ort Amends repo	rt filed on	Y
Full Name of Payee Gabriella E Hansen			Date of Public Distribution/Dissemination	
Mailing Address 310 West Meath Drive			07 11 2014 Amount	
				-
City Winterville	State NC	Zip Code 28590	20.0 Transaction ID : 316cbf21-d93f-47fb-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 11 2014	Y
Name of Federal Candidate		Support	Office Sought: House District: 00)
Ms. Kay Hagan		X Oppose	President Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought	, 1	56614.88	Disbursement For: Primary General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General	eral
Full Name of Payee Gabriella E Hansen			Date of Public Distribution/Disseminatio	
Mailing Address 310 West Meath Drive			07 11 2014 Amount	_
City	State	Zip Code	6.30	
Winterville	NC	28590	Transaction ID : 73c04828-e70d-4140-b Date of Disbursement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002	07 D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
Name of Federal Candidate		Support	Office Sought: House District: 0	0
Ms. Kay Hagan		X Oppose	President State: NC	
Calendar Year-To-Date Per Election for Office Sought	7	156614.88	Disbursement For: Primary General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General	əral ——
(a) SUBTOTAL of Itemized Independent Expe	enditures		26.30	
(b) SUBTOTAL of Unitemized Independent E	xpenditures			٦.
			4 4	
(c) TOTAL Independent Expenditures			>	
	andidate or authorized		not made in cooperation, consultation, or conce f either, or (if the reporting entity is not a polition	
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	07 14 2014	
Signaturo				

Schedule E)	EXI ENDI	TOTILO				PAGE 7	OF FORM 24	95 /48
NAME OF COMMITTEE (In Full)					FEC ID	ENTIFICATI		
Women Speak Out PAC						C00530766		
Check if 24-hour report X 48-hour report	New repo	ort Amer	nds repo	rt filed on	M /	D D /	Y	Y
Full Name of Payee Virginia M Stevens					- M /	Distribution	Y	Y
Mailing Address 1691 Fork Mtn Rd				Amou	07 nt	11	2014	
City S	State	Zip Code					50	0.00
		28705				D: 05f6cf5c	-9a12-491c	
Purpose of Expenditure Salary		Category/ Type	001	M	07 /	11	2014	
Name of Federal Candidate	·	Su	pport	Office Sough	t:	House	District:	00
Ms. Kay Hagan			ppose	Preside		Senate	Jiaie. —	NC
Calendar Year-To-Date Per Election for Office Sought	15	56614.88		Disbursemen 2014 O		Primary ecify) ▶	y ⊠ G∈	eneral
Full Name of Payee				Date	of Public	Distribution	n/Dissemina	tion
Virginia M Stevens				N	07	11 /	2014	
Mailing Address 1691 Fork Mtn Rd					Ů.		201	
				Amou	nt			
City	State	Zip Code					32.	10
	NC	28705				: ccfb0e0e irsement or		-a
Purpose of Expenditure Mileage		Category/ Type	002	T N	07 ^M	11	2014	
Name of Federal Candidate		Su	upport	Office Sough	t:	House	District:	00
Ms. Kay Hagan		X Op	opose	Preside	ent \sum	Senate	State:	NC
Calendar Year-To-Date Per Election for Office Sought		156614.88		Disbursemen 2014 C		Primar	y X Ge	eneral
(a) SUBTOTAL of Itemized Independent Expenditures				•	-	7	82.10)
(b) SUBTOTAL of Unitemized Independent Expenditure	es			•				Ċ
(c) TOTAL Independent Expenditures				•				
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized							
Ms. Emily Buchanan	[Electronic	cally Filed]	Date	07 /	14	20	14	
Signature								

Schedule E)	JENT EXICIO	TIONES	PAGE 8 OF 95 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Steven Jean			07 / D
Mailing Address 2012 Harrison Ave			Amount
City	State	Zip Code	85.00
Winston Salem	NC	27105	Transaction ID: 685563a1-6c56-4b75-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 11 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	-,-,-	156614.88	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Steven Jean			07
Mailing Address 2012 Harrison Ave			Amount
City	State	Zip Code	18.00
Winston Salem	NC	27105	Transaction ID : aeda2511-dfde-45f6-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 11 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		156614.88	Disbursement For: Primary ☐ General Other (specify) ►
(a) SUBTOTAL of Itemized Independent Exper	nditures		103.00
			7 7 7
(b) SUBTOTAL of Unitemized Independent Ex	penditures		•
(c) TOTAL Independent Expenditures			·
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 14 2014
Signaturo			

Schedule E)	INT EXTERE	TIONES	<u> </u>	AGE 9 OF 95 DR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEN	ITIFICATION NUMBER ▼
Women Speak Out PAC			C co	0530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public D	istribution/Dissemination
Lorri Anderson			07	11 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7214 Duchamp Dr			Amount	
City	State	Zip Code		30.00
Charlotte	NC	23215		b1d5a108-18f2-46a7-a ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M M /	11 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		156614.88	Disbursement For: 2014 Other (speci	Primary
Full Name of Payee	·		Date of Public D	histribution/Dissemination
Lorri Anderson			07 /	11 2014
Mailing Address 7214 Duchamp Dr			Amount	
City	State	Zip Code		4.80
Charlotte	NC	23215		fc0bf1dc-b4e9-40c8-a ement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 /	11 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		156614.88	Disbursement For: 2014 Other (speci	Primary X General
(a) SUBTOTAL of Itemized Independent Expend	tures			34.80
			7	7 4
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•	7
(c) TOTAL Independent Expenditures			•	41101
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 / 14	2014
Signaturo				

Schedule E)	BITOTILO	PAGE 10 OF 95 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New re	eport Amends report file	ed on
Full Name of Payee Malinda Ledford		Date of Public Distribution/Dissemination
Mailing Address 44 Bell Street Ext		
TT DOI GROOT EX		Amount
City State	Zip Code	50.00
Spruce Pine NC	28777	Transaction ID : e896e1cd-d7bd-4474-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07 11 2014
Name of Federal Candidate	Support Off	ice Sought: House District:00
Ms. Kay Hagan	X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	156614.88 Dis	bursement For: Primary General Other (specify) Other
Full Name of Payee		Date of Public Distribution/Dissemination
Malinda Ledford		M M / D D / Y Y Y Y Y
Mailing Address 44 Bell Street Ext		07 11 2014
THE DESIGNATION OF THE DESIGNATI		Amount
City State	Zip Code	32.10
Spruce Pine NC	28777	Transaction ID : 6795b8ec-81e3-41b5-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	07
Name of Federal Candidate	Support Off	ice Sought: House District: 00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	156614.88 Dis	sbursement For: Primary
•	<u> </u>	
(a) SUBTOTAL of Itemized Independent Expenditures	·····	82.10
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authoriz party committee) any political party committee or its agent.		
	onically Filed] Date	07 14 2014
Signature	_	

Schedule E)	LIVI EXI LIVE	ATOTILO	PAGE 11 OF 95 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Lisa Booth			07 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1434 South Avenue			Amount
City	State	Zip Code	80.00
Eden	NC	27288	Transaction ID: d609176d-120e-4501-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	156614.88	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Lisa Booth			07 11 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1434 South Avenue			Amount
City	State	Zip Code	11.10
Eden	NC	27288	Transaction ID: 86b440b1-14e9-4062-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 11 Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President X Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		156614.88	Disbursement For: Primary X General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		91.10
			7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			•
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 14 2014
Signature			

Sc	chedule E)	PAGE 12 OF 95 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
W	Vomen Speak Out PAC	C C00530766
Che	neck if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
T	Full Name of Payee Jennie Butler	Date of Public Distribution/Dissemination
-	Mailing Address 1676 Shady Creek Rd	07 11 2014 Amount
ŀ	City State Zip Code	21.60
	Ayden NC 28513	Transaction ID: 4f9314fb-7a88-4465-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	07 / 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ì	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbu 2014	ursement For: Primary X General Other (specify) ▶
	Full Name of Payee Jennie Butler	Date of Public Distribution/Dissemination
	Mailing Address 1676 Shady Creek Rd	Amount
ľ	City State Zip Code	8.25
	200.2	Transaction ID: db435fff-28b6-420f-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	07
		e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC State:
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary
((a) SUBTOTAL of Itemized Independent Expenditures	29.85
((b) SUBTOTAL of Unitemized Independent Expenditures	
((c) TOTAL Independent Expenditures	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 0	7 14 2014
	Signature	

Schedule E)	PAGE 13 OF 95 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	M M / D D / Y Y Y Y
Check if 24-hour report 48-hour report New report Amends report	rt filed on
Full Name of Payee Steven Best	Date of Public Distribution/Dissemination
Mailing Address 103 Washington Ave	07 11 7 2014
103 Washington Ave	Amount
City State Zip Code	24.70
Newport NC 28570	Transaction ID: ec67a427-543e-4482-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District:00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2014 Gher (specify) ▶
Full Name of Payee Steven Best	Date of Public Distribution/Dissemination
	07 11 / Y Y Y Y Y Y
Mailing Address 103 Washington Ave	Amount
City State Zip Code	4.14
Newport NC 28570	Transaction ID: e3259677-0ae8-4f5b-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	07 11 / Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 156614.88	Disbursement For: Primary
(a) CUPTOTAL of Haminad Indo-	
(a) SUBTOTAL of Itemized Independent Expenditures	28.84
(b) SUBTOTAL of Unitemized Independent Expenditures	>
(c) TOTAL Independent Expenditures	>
Under penalty of perjury I certify that the independent expenditures reported herein were r with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	07 14 2014
Signature	

Schedule E)		71101120		PAGE 14 OF 95 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	
			M = N	1 / D D / Y Y Y Y
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	
Full Name of Payee Theresa Burkhart			Date of P	Public Distribution/Dissemination
Mailing Address 3126 Chester Ct			Amount	
City	State	Zip Code		50.00
Metairie	LA	70006		ion ID: d42bbdb5-f52e-45d3-a Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07	
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		54982.54	Disbursement For 2014 Other	or: Primary ⊠ General r (specify) ▶
Full Name of Payee			Date of F	Public Distribution/Dissemination
Andrea L Hammond			07	
Mailing Address 12920 Kneeland Ln			Amount	
City Neosho	State MO	Zip Code 64850	Transaction	40.00 on ID : 2ab6da65-053c-4637-a
Purpose of Expenditure				Disbursement or Obligation
Salary		Category/ Type 001	^M 07	11 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		18410.93	Disbursement For 2014 Other	or: Primary X General r (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		• •	90.00
(b) SUBTOTAL of Unitemized Independent Expe	enditures		· •	7 7 7
(c) TOTAL Independent Expenditures			·	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	ididate or authorize			
Ms. Emily Buchanan	[Electro	nically Filed] Date	M M / D	14 2014
Signature				

FEC IDENTIFICATION NUMBER V Coopsigned V Coop		Tieddie E)	FOR SE OF FORM 24/48
Check if 24-hour report			FEC IDENTIFICATION NUMBER ▼
Full Name of Payee Andrea L Hammond Mailing Address 12920 kneeland Ln City State Zip Code Mileage Cetegory 02 Name of Federal Candidate Mileage Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Emily Butler Category NC 28513 Purpose of Expenditure Mailing Address 1676 Shady Creek Rd City State Zip Code Mr. Agrant Shady Creek Rd Category NC 28513 Calendar Year-To-Date Per Election for Office Sought Category NC 28513 Calendar Year-To-Date Purpose of Expenditure Salary Category NC 28513 Calendar Year-To-Date Purpose of Expenditure Salary Category NC 28513 Category O01 Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Category O01 Name of Federal Candidate Ms. Kay Hagan Category Onto Ms. Ca	۷۷	romen Speak Out PAC	C C00530766
Andrea L Hammond Mailing Address 12920 Kneeland Ln City State Zip Code Mo 64850 Purpose of Expenditure Mileage Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Prurpose of Expenditure Mailing Address 1676 Shady Creek Rd City State Zip Code Primary Mailing Address 1676 Shady Creek Rd City State Zip Code Amount Disbursement For: Primary General Candidate Mailing Address 1676 Shady Creek Rd Category/ Oo1 Mr. Mark L Pryor Calendar Year-To-Date Purpose of Expenditure Salary Name of Federal Candidate NC 28513 Date of Public Distribution/Dissemination O'7 11 2014 Amount Transaction ID : 5548575-3815-46-2-b Date of Disbursement or Obligation Other (specify) ▶ Date of Public Distribution/Dissemination O'7 11 2014 Amount City State Zip Code Anyden NC 28513 Date of Public Distribution/Dissemination O'7 11 2014 Amount Transaction ID : 51ac23do-416-41e0-b Date of Disbursement or Obligation O'7 11 2014 Amount Category/ Oo1 Name of Federal Candidate NC 28513 Date of Public Distribution/Dissemination O'7 11 2014 Amount Category/ Oo1 O'Ther (specify) ▶ Category/ Oo1 O'Ther (specify) ▶ Transaction ID : 51ac23do-416-41e0-b Date of Disbursement or Obligation O'Ther (specify) ▶ Category/ Oo1 O'Ther (specify) ▶ College Sught House District Oo President Senate State NC Disbursement For: Primary General Category O'Ther (specify) ▶ College Sught House District Oo O'Ther (specify) ▶ College Sught House District	Che	eck if 24-hour report X 48-hour report New report Amends report filed	
Mailing Address 12920 Kneeland Ln City State Zip Code Neoho MO 64850 Purpose of Expenditure Mileage Category/ Type 002 Name of Federal Candidate Support Office Sought House District: 00 President Senate State: R Category/ Oppose President Senate State: R Category/ Oppose President Senate State: R Category/ Oppose Oppose President Senate State: R Category/ Oppose Oppose Oppose Other Senate State: R Category/ Oppose Oppose Oppose Other Senate State: R Category/ Oppose Oppo			Date of Public Distribution/Dissemination
City State Zip Code MO 64850 Neosho MO 64850 Purpose of Expenditure Mailing Address 1676 Shady Creek Rd City State Zip Code Mr. Mark L Pryor Morphy Morphy Mailing Address 1676 Shady Creek Rd City State Zip Code Mr. Mark L Pryor Morphy M			
Necesho MO 64850 Furpose of Expenditure Mileage Name of Federal Candidate Mr. Mark L Pryor Name of Federal Candidate Mr. Mark L Pryor Caledar Year-To-Date Per Election for Office Sought Name of Federal Candidate NC State State State State State City State S		Mailing Address 12920 Kneeland Ln	Amount
Purpose of Expenditure Mileage Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought City State Salary Name of Federal Candidate Ms. Kay Hagan Category/ Type Oppose President Category/ Type Oppose President Senate State: AR Disbursement For: Primary General Cother (specify) Date of Public Distribution/Dissemination Transaction ID: blac23d0-a416-41e0-b Date of Disbursement or Obligation Transaction ID: blac23d0-a416-41e0-b Dat	ŀ	City State Zip Code	40.50
Purpose of Expenditure Mileage Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Purpose of Expenditure Salary Name of Federal Candidate NC 28513 Purpose of Expenditure Salary Name of Federal Candidate NC 28513 Transaction ID : b1ac23d0-a416-41e0-b Date of Disbursement For: Primary Office Sought Date of Public Distribution/Dissemination Transaction ID : b1ac23d0-a416-41e0-b Date of Disbursement or Obligation Transaction ID : b1ac23d0-a416-41e0-b Date of Disbursement or Obligation Transaction ID : b1ac23d0-a416-41e0-b Date of Disbursement or Obligation Transaction ID : b1ac23d0-a416-41e0-b Date of Disbursement or Obligation Transaction ID : b1ac23d0-a416-41e0-b Date of Disbursement or Obligation Transaction ID : b1ac23d0-a416-41e0-b Date of Disbursement or Obligation Transaction ID : b1ac23d0-a416-41e0-b Date of Disbursement or Obligation Transaction ID : b1ac23d0-a416-41e0-b Date of Disbursement or Obligation Transaction ID : b1ac23d0-a416-41e0-b Date of Disbursement or Obligation Transaction ID : b1ac23d0-a416-41e0-b Date of Disbursement or Obligation Transaction ID : b1ac23d0-a416-41e0-b Date of Disbursement or Obligation Transaction ID : b1ac23d0-a416-41e0-b Date of Disbursement or Obligation Transaction ID : b1ac23d0-a416-41e0-b Date of Disbursement or Obligation Transaction ID : b1ac23d0-a416-41e0-b Date of Disbursement or Obligation Transaction ID : b1ac23d0-a416-41e0-b Date of Disbursement or Obligation Transaction ID : b1ac23d0-a416-41e0-b Date of Disbursement or Obligation Transaction ID : b1ac23d0-a416-41e0-b Date of Disbursement or Obligation Transaction ID : b1ac23d0-a416-41e0-b Date of Disbursement or Obligation Transaction ID : b1ac23d0-a416-41e0-b Date of Disbursement or Obligation Transaction ID : b1ac23d0-a416-41e0-b Date of Disbursement or Obligation Transaction ID : b1ac23d0-a416-41e0-b Date of Disbursement or Obligation Transaction ID : b1ac23d0-a416-41e0-b Date of Disbursement or Obligation Transaction ID : b1ac2		Neosho MO 64850	
Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Emily Butler Mailing Address 1676 Shady Creek Rd City State Zip Code Ayden NC 28513 Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought NS Support Calendar Year-To-Date Per Election for Office Sought Amount City State Zip Code Transaction ID: b1ac23d0-a416-41e0-b Date of Disbursement or Obligation Transaction ID: b1ac23d0-a416-41e0-b Date		Mileage Category/ 002	M M / D D / Y Y Y Y
Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Emily Butler Mailing Address 1676 Shady Creek Rd City State Zip Code Ayden NC 28513 Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures	ı	Name of Federal Candidate Support Office	Sought: House District:00
Per Election for Office Sought Full Name of Payee Emily Butler Malling Address 1676 Shady Creek Rd City State Zip Code Ayden NC 28513 Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought		Mr. Mark I. Prior	President Senate State: AR
Full Name of Payee Emily Butler Mailing Address 1676 Shady Creek Rd City State Zip Code Ayden NC 28513 Purpose of Expenditure Salary Category/ 001 NS. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Category/ Other (specify) Library Canadidate Sought Disbursement For: Primary General Disbursement For: Primary General Other (specify) Category/ Other (specify) Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Category/ Other (specify) Category/ Oth		Odicital Teal to Date	
Emily Butler Mailing Address 1676 Shady Creek Rd Amount City State Zip Code Ayden NC 28513 Purpose of Expenditure Salary Name of Federal Candidate Support Type 001 Name of Federal Candidate Support Name of Federal Candidate Name Name Name Name Name Name Name Nam	-		Other (specify)
Mailing Address 1676 Shady Creek Rd City State Zip Code NC 28513 Purpose of Expenditure Salary Name of Federal Candidate Support NS. Kay Hagan Name of Federal Candidate Support Per Election for Office Sought 156614.88 Calendar Year-To-Date Persistent No. Office Sought 156614			M M / D D / Y Y Y Y
City State Zip Code Ayden NC 28513 Purpose of Expenditure Salary Category/ O01 Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Transaction ID: b1ac23d0-a416-41e0-b Date of Disbursement or Obligation Transaction ID: b1ac23d0-a416-41e0-b Date of Disbursement or Disbursement or Obligation Transaction ID: b1ac23d0-a416-41e0-b Date of Disbursement or Date of Date of Date of Date of Date of Date of		Mailing Address 1676 Shady Creek Rd	لسنيا ليا ليا
Ayden NC 28513 Transaction ID: b1ac23d0-a416-41e0-b Date of Disbursement or Obligation Purpose of Expenditure Salary Category/ Name of Federal Candidate Ms. Kay Hagan Support Calendar Year-To-Date Per Election for Office Sought 156614.88 Calendar Year-To-Date Per Election for Office Sought Transaction ID: b1ac23d0-a416-41e0-b Date of Disbursement or Obligation Mor III 2014 Name of Federal Candidate Support Calendar Year-To-Date Per Election for Office Sought 156614.88 Disbursement For: Primary General Other (specify) (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Transaction ID: b1ac23d0-a416-41e0-b Date of Disbursement or Obligation Total House District: 00 President Senate State: NC Primary Other (specify) 63.80			Amount
Purpose of Expenditure Salary Name of Federal Candidate	ľ	City State Zip Code	23.30
Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Calendar Year-To-Date		Ayden NC 28513	
Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures		Salary Category/ 001	
Calendar Year-To-Date Per Election for Office Sought 156614.88 Disbursement For: Primary 2014 Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures	ľ	Name of Federal Candidate Support Office	Sought: House District: 00
(a) SUBTOTAL of Itemized Independent Expenditures		Ms. Kay Hagan Oppose	President Senate State: NC
(a) SUBTOTAL of Itemized Independent Expenditures		450044.00	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date O7 14 2014	((a) SUBTOTAL of Itemized Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. **Ms. Emily Buchanan** [Electronically Filed] Date Date Dat	((b) SUBTOTAL of Uniternized Independent Expenditures	117117117
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date O7 14 2014	((c) TOTAL Independent Expenditures	1 7 1 7 1 7
[Electronically Filed] Date 07 14 2014	١	vith, or at the request or suggestion of, any candidate or authorized committee or agent of either	
Factor of the part of t		[E1 - 4 2 11 - E2 - 11	
	_	Dutc	

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· · · · ,				FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee			Date	of Public Distribution/Dissemination
Ky Broussard				07 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 301 N Cedar Street			Amo	unt
City	State	Zip Code		30.00
Abbeville	LA	70510		saction ID: d47c00bc-093b-4c4c-a of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	$\Box \mid \Box$	07 / 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Soug	ht: House District: 00
Ms. Mary L Landrieu		X Oppose	Presid	dent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	54982.54	Disburseme	ent For: Primary
Full Name of Payee			<u> </u>	e of Public Distribution/Dissemination
Ky Broussard				07 11 2014
Mailing Address 301 N Cedar Street			Amo	
City	State	Zip Code		13.50
Abbeville	LA	70510		saction ID: d8950614-5437-493d-8 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		07 / 11 / 2014
Name of Federal Candidate		Support	Office Soug	ght: House District: 00
Ms. Mary L Landrieu		X Oppose	Presi	dent State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	54982.54	Disburseme 2014	ent For: Primary
(a) SUBTOTAL of Itemized Independent Expenditu	ires		· -	43.50
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		· •	
(c) TOTAL Independent Expenditures			· · ·	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	date or authorize			
Ms. Emily Buchanan	[Electron	nically Filed] Date	e 07	14 2014
Signature				

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OF

· · · · · · · · · · · · · · · · · ·		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Morgan P. Dadgott	Da	ate of Public Distribution/Dissemination
Morgan R Padgett		07
Mailing Address 2164 Kay Rd	Ar	mount
City Sta	te Zip Code	20.00
Greenville No		ransaction ID : f1963e0b-0e30-42da-b ate of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07 11 / 2014
Name of Federal Candidate	Support Office So	ought: House District: 00
Ms. Kay Hagan		esident State: NC
Calendar Year-To-Date Per Election for Office Sought	156614.88 Disburser 2014	ment For:
Full Name of Payee David Ford Mailing Address 106 Hillside St	Da	ate of Public Distribution/Dissemination
100 miliside St	Ar	mount
City	te Zip Code	37.50
Spindale No.		ansaction ID: d4852bb7-f20a-4d38-8 ate of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07 / 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office So	ought: House District: 00
Ms. Kay Hagan	∑ Oppose Pre	esident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	156614.88 Disburser 2014	ment For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	······	57.50
(b) SUBTOTAL of Unitemized Independent Expenditures.		7 7 7
(c) TOTAL Independent Expenditures	·	
Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized committee or agent of either, or	
Ms. Emily Buchanan	[Electronically Filed] Date 07	14 2014
Signature		

PAGE

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OF

Schedule E)	PAGE 18 OF 95 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
David Ford	of Public Distribution/Dissemination
Mailing Address 106 Hillside St	07 11 2014
Amou	unt
City State Zip Code	7.80
	saction ID : f9aa619e-a908-426e-a of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	07 11 2014
Name of Federal Candidate Support Office Sough	ht: House District: 00
Ms. Kay Hagan Ms. Kay Hagan Presid	NO
Calendar Year-To-Date Per Election for Office Sought Disbursement 2014	nt For:
Full Name of Payee Date	of Public Distribution/Dissemination
Francesca Blom	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 101 Asbury Ct	07 11 2017
Amor	unt
City State Zip Code	60.00
Date	saction ID: 98eea7ca-ef39-4212-a of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 / 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Soug	ht: House District: 00
Ms. Kay Hagan Presid	dent State: NC
Calendar Year-To-Date Per Election for Office Sought Disburseme 2014	ent For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	67.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	14 2014
Signature	

Schedule E)	AT ENDI. SILES	PAGE 19 OF 95 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
		M M / D D / Y Y Y Y
Check if 24-hour report X 48-hour report	New report Amends report filed	on Manual Transfer on Manual Tra
Full Name of Payee Amanda Boley		Date of Public Distribution/Dissemination
Mailing Address Split Oak Drive		07 11 2014
Spill Oak Dilve		Amount
City Stat	te Zip Code	60.00
charlotte	28227	Transaction ID : 4297d07e-7bb5-4546-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	e Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought	54982.54 Disbu	orsement For: Primary
Full Name of Payee	·	Date of Public Distribution/Dissemination
Amanda Boley		07 11 2014
Mailing Address Split Oak Drive		07 11 2014
		Amount
City Sta	te Zip Code	28.59
charlotte	28227	Transaction ID: 07b2b851-6abc-4f06-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	e Sought: House District: 00
Ms. Mary L Landrieu	∑ Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	54982.54 Disb 2014	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·····	88.59
(b) SUBTOTAL of Uniternized Independent Expenditures.	•	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized committee or agent of eithe	
Ms. Emily Buchanan	[Electronically Filed] Date	7 14 2014
Signature		

Sch	nedule E)	LM Lite.	101120			PAGE 20 OF 95 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					ENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C	00530766
Ched	ck if 24-hour report X 48-hour report	New repo	ort Amends rep	port filed on	M = M /	D = D / Y = Y = Y
T	Full Name of Payee Cassidy Quartararo			Da	ate of Public	Distribution/Dissemination
	Mailing Address 632 Cameron Court			An	07 nount	11 2014
	○ :4	State	7:n Codo	— Г		50.00
	-	LA	Zip Code 70065			50.00 5: 147c4e10-1ae3-4a14-8 sement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001	_	07	11 / 2014
	Name of Federal Candidate		Support	Office So	uaht:	House District: 00
	Ms. Mary L Landrieu		Oppose		sident	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		54982.54	Disbursen 2014	ment For:	Primary
	Full Name of Payee Cassidy Quartararo Mailing Address 632 Cameron Court				nate of Public 07 /	Distribution/Dissemination D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
					Hount	
	•	State LA	Zip Code 70065	Tra	nsaction ID	8.67 : 98407bdf-5245-409d-9 sement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		M M / O7	11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate		Support	Office So	ought:	House District: 00
	Ms. Mary L Landrieu		X Oppose		esident X	
	Calendar Year-To-Date Per Election for Office Sought		54982.54	Disburser 2014	ment For: Other (spe	Primary X General
(a	a) SUBTOTAL of Itemized Independent Expenditures					58.67
(k	b) SUBTOTAL of Unitemized Independent Expenditures	;S		··· • [1 1 7	
(c	c) TOTAL Independent Expenditures			···· • [1 1 7	7
W	Inder penalty of perjury I certify that the independent of the request or suggestion of, any candidate carty committee) any political party committee or its age	or authorized				
	Ms. Emily Buchanan	[Electroni	ically Filed] Dat	te 07	/ D D D 14	2014
	Signature					

Schedule E)	A 115	PAGE 21 OF 95 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee Robin L Bennett		Date of Public Distribution/Dissemination
Mailing Address 3505 Beaumont St		07 11 2014 Amount
Apt 13D		
City Sta Neosho Mo		40.00 Transaction ID : eb6fcf4a-e0ba-4fb0-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation 07 11 2014
Name of Federal Candidate		Sought: House District: 00
Mr. Mark L Pryor	Support Office Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	18410.93 Disbu	orsement For: Primary
Full Name of Payee Phillip Williams Mailing Address 3007 Darden Rd	1	Date of Public Distribution/Dissemination 07 11 2014 Amount
City Sta	te Zip Code	52.50
Greensboro No	•	Transaction ID : 9a842cec-c3b8-4374-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07 / D / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	e Sought: House District: 00
Ms. Kay Hagan	∑ Oppose □	President State: NC State:
Calendar Year-To-Date Per Election for Office Sought	156614.88 Disbu 2014	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·····	92.50
(b) SUBTOTAL of Unitemized Independent Expenditures.		7 7 7
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	
Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agen	authorized committee or agent of either	
Ms. Emily Buchanan	[Electronically Filed] Date 0	7 14 2014
Signature		

Schedule E)	LIVI EXI LIVE	TIONES	PAG FOR	GE 22 OF 95 R SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTI	IFICATION NUMBER ▼
Women Speak Out PAC			C C005	30766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D / Y = Y = Y
Full Name of Payee Phillip Williams			M M / D	ribution/Dissemination
Mailing Address 3007 Darden Rd			07 Amount	11 2014
		7. 0.1		10.50
City Greensboro	State NC	Zip Code 27407	Transaction ID: 4a Date of Disbursement	10.50 a52fb0a-6f8e-4a56-9 ent or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M M / D	11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: Ho	ouse District: 00
Ms. Kay Hagan		Oppose		enate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,,	156614.88	Disbursement For: 2014 Other (specify)	Primary General
Full Name of Payee Beverly Williams			M M / D	tribution/Dissemination
Mailing Address 3007 Darden Rd			Amount	11 2014
City	State	Zip Code		52.50
Greensboro	NC	27407	Transaction ID : a4 Date of Disbursem	5672a0-d7f8-4c62-9 ent or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 / 2014
Name of Federal Candidate		Support	Office Sought: Ho	ouse District: 00
Ms. Kay Hagan		Oppose	President Se	
Calendar Year-To-Date Per Election for Office Sought		156614.88	Disbursement For: 2014 Other (specify)	Primary X General
(a) SUBTOTAL of Itemized Independent Expendent	itures		.	63.00
(b) SUBTOTAL of Unitemized Independent Expe	enditures			
			4	7
(c) TOTAL Independent Expenditures)	4
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 14	2014
Signaturo				

Schedule E)	ZIVI ZXI ZIVI	DITORLO	PAGE 23 OF 95 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Sarah Biviano			07 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 603 Greenwood Dr			Amount
City	State	Zip Code	20.00
Searcy	AR	72143	Transaction ID : c1c0aa45-58bb-4a32-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		18410.93	Disbursement For: Primary General General Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Sarah Biviano			07
Mailing Address 603 Greenwood Dr			Amount
City	State	Zip Code	3.90
Searcy	AR	72143	Transaction ID: 19f3a3b6-77ac-460f-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		18410.93	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen-	ditures		23.90
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			•
	ndidate or authoriz		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	07 14 2014
•			

Schedule E)	DENT EXICIO	HORLS	PAGE 24 OF 95 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	rt New rep	oort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Ms. Tonya Boyd			07 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2357 Fancy Cap Rd			Amount
City	State	Zip Code	55.00
Mt. Airy	NC	27030	Transaction ID : bfec37c9-36d0-4e72-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		156614.88	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Ms. Tonya Boyd			07
Mailing Address 2357 Fancy Cap Rd			Amount
City	State	Zip Code	13.32
Mt. Airy	NC	27030	Transaction ID : cc073dba-9c6c-4715-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 11 / Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		156614.88	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		68.32
			7 7 7
(b) SUBTOTAL of Unitemized Independent Ex	penditures		>
(c) TOTAL Independent Expenditures			•
	andidate or authorized		not made in cooperation, consultation, or concert feither, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07
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Sc	hedule E)	EXI ENDI	101120				PAGE 25 OF 95 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC						C00530766
Che	eck if 24-hour report X 48-hour report	X New repo	ort Am	ends repo	ort filed on	M = M /	/ D = D / Y = Y = Y
Т	Full Name of Payee				Dat	e of Public	c Distribution/Dissemination
	Peter Sahuc					07 A	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 107 Phillip Ave				Am	ount	
ŀ	City S	State	Zip Code		-		20.00
		LA	70503				ID: b00a0084-e51c-48c8-b ursement or Obligation
Ī	Purpose of Expenditure Salary		Category/ Type	001		07	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ŀ	Name of Federal Candidate		s	Support	Office Sou	aht:	House District:00
	Ms. Mary L Landrieu			Oppose		_	X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		54982.54		Disbursem 2014	ent For: Other (sp	Primary
ľ	Full Name of Payee Peter Sahuc				Dat		c Distribution/Dissemination
						07	11 2014
	Mailing Address 107 Phillip Ave				Am	ount	
ŀ	City	State	Zip Code				2.61
		LA	70503				D : fc788535-eea4-4382-9 ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		07	11 2014
	Name of Federal Candidate			Support	Office Sou	ıght:	House District:00
	Ms. Mary L Landrieu		X	Oppose	Pres	sident	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		54982.54	1	Disbursem 2014	nent For: Other (sp	Primary X General pecify) ▶
((a) SUBTOTAL of Itemized Independent Expenditures						22.61
•	a)					7	7 7
((b) SUBTOTAL of Unitemized Independent Expenditure	:S			. •		7
((c) TOTAL Independent Expenditures				•		
٧	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized					
	Ms. Emily Buchanan	[Electroni	ically Filed]	Date	M M M M M M M M M M M M M M M M M M M	/ D D D 14	/ Y Y Y Y Y 2014
	Signature		_ `	Date			-

			FOR SE OF FORM 24/48
	MITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
vvomen S	peak Out PAC		C C00530766
Check if 2	-hour report X 48-hour report New	report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name	of Payee Hampton		Date of Public Distribution/Dissemination
	•		07 11 2014
Mailing Add	ress 1700 E Part Ave		Amount
City	State	Zip Code	35.00
Searcy	AR	72149	Transaction ID : 5708d83c-afe0-4f3b-b Date of Disbursement or Obligation
Purpose of Salary	Expenditure	Category/ Type 001	07 / 11 / 2014
Name of F	deral Candidate	Support Office	Sought: House District: 00
Mr. Mark L	Pryor	X Oppose	President State: AR
	ar Year-To-Date ction for Office Sought	18410.93 Disbu	orsement For: Primary
Full Name	of Pavee		Date of Public Distribution/Dissemination
	Hampton		07 11 2014
Mailing Ad	ress 1700 E Part Ave		Amount
City	State	Zip Code	7.74
Searcy	AR	72149	Transaction ID: 3d8a4978-6dea-4d2e-8 Date of Disbursement or Obligation
Purpose of Mileage	Expenditure	Category/ Type 002	07 11 / 2014
Name of F	deral Candidate	Support Office	e Sought: House District: 00
Mr. Mark L	Pryor	∑ Oppose □	President Senate State: AR
	ar Year-To-Date ection for Office Sought	18410.93 Disbu 2014	ursement For: Primary X General Other (specify) ▶
(a) SUBTO	AL of Itemized Independent Expenditures	·····	42.74
(b) SUBTO	AL of Unitemized Independent Expenditures	·····	
(c) TOTAL	ndependent Expenditures	·····	
with, or at the	y of perjury I certify that the independent expenditue request or suggestion of, any candidate or authoriee) any political party committee or its agent.		
	Ms. Emily Buchanan [Elect	tronically Filed] Date 0	7 14 2014
Signature			

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OF

Schedule E)	LIVI EXI EIV	DITOTILO	PAGE 27 OF 95 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼			
Women Speak Out PAC	Vomen Speak Out PAC					
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	ort filed on			
Full Name of Payee			Date of Public Distribution/Dissemination			
Marilyn Riley			07 11 2014			
Mailing Address 338 Wayne Drive			Amount			
City	State	Zip Code	20.00			
Shreveport	LA	71105	Transaction ID : 2682a587-4dff-4f0c-a Date of Disbursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	07			
Name of Federal Candidate		Support	Office Sought: House District: 00			
Ms. Mary L Landrieu		X Oppose	President Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought		54982.54	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶			
Full Name of Payee			Date of Public Distribution/Dissemination			
Tarrin Lesaicherre			07 11 2014			
Mailing Address 629 Radiance Ave			Amount			
City	State	Zip Code	70.00			
Metairie	LA	70001	Transaction ID : d646cf33-99ca-4c57-a Date of Disbursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	07 11 2014			
Name of Federal Candidate		Support	Office Sought: House District: 00			
Ms. Mary L Landrieu		X Oppose	President Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought		54982.54	Disbursement For: Primary General 2014 Gther (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expend	litures		90.00			
			7 7 7			
(b) SUBTOTAL of Unitemized Independent Expe	enditures		·			
(c) TOTAL Independent Expenditures			·			
	didate or authoriz		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political			
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	9 07 14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
<u>-</u>						

Schedule E)	0	itti EXI EITD	II OILEO		PAGE 28 OF 95 FOR SE OF FORM 24/48
NAME OF COMMITTEE (II					FEC IDENTIFICATION NUMBER ▼
Women Speak Ou	it PAC				C C00530766
Check if 24-hour repo	rt X 48-hour report	X New rep	oort Amends repo	ort filed on	M / D D / Y D Y D Y
Full Name of Payee Tarrin Lesaiche	 erre				of Public Distribution/Dissemination
Mailing Address 629 R	adiance Ave			Amou	07 11 2014
				Amou	
City Metairie		State LA	Zip Code 70001	Trans	5.10 action ID : 04ffe7f8-310c-4dd4-b
		<u>L</u> A	1		of Disbursement or Obligation
Purpose of Expenditure Mileage	1		Category/ Type 002		07 11 / 2014
Name of Federal Cand	idate		Support	Office Sough	t: House District: 00
Ms. Mary L Landrieu			X Oppose	Preside	ent X Senate State: LA
Calendar Year-To-l Per Election for O			54982.54	Disbursemen 2014 O	t For: Primary
Full Name of Payee					of Public Distribution/Dissemination
Evelyn Lesaiche	rre			TN	07 11 2014
Mailing Address 629	Radiance Ave			Amou	لىنىا لىا لى
City		State	Zip Code	$ \Gamma$	70.00
Metairie		LA	70001	Transa Date	ction ID : d6996ade-d9eb-4359-8 of Disbursement or Obligation
Purpose of Expenditure Salary)		Category/ Type 001		07 11 / 2014
Name of Federal Cand	idate		Support	Office Sough	t: House District:00
Ms. Mary L Landrieu			X Oppose	Preside	ent Senate State: LA
Calendar Year-To- Per Election for C		7 7	54982.54	Disbursemen 2014	t For: Primary X General ther (specify) ▶
(a) SUBTOTAL of Itemi	zed Independent Expendit	ures		•	75.10
(b) SUBTOTAL of Unite	mized Independent Expen	ditures		· •	7
(c) TOTAL Independent	Expenditures			•	7
with, or at the request of		idate or authorized			cooperation, consultation, or concert the reporting entity is not a political
Ms. Emily B	uchanan	[Electron	nically Filed] Date	e 07	14 2014
Signature					

Schedule E)	INI EXI ENE	ATOTILO	PAGE 29 OF 95 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼			
Women Speak Out PAC	Vomen Speak Out PAC					
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on			
Full Name of Payee			Date of Public Distribution/Dissemination			
Evelyn Lesaicherre			07			
Mailing Address 629 Radiance Ave			Amount			
City	State	Zip Code	5.10			
Metairie	LA	70001	Transaction ID : c880f42e-d9c4-438e-b Date of Disbursement or Obligation			
Purpose of Expenditure Mileage		Category/ Type 002	07			
Name of Federal Candidate		Support	Office Sought: House District:00			
Ms. Mary L Landrieu		X Oppose	President Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought	,	54982.54	Disbursement For: Primary General 2014 Other (specify) ▶			
Full Name of Payee			Date of Public Distribution/Dissemination			
Petrina Williams			07 11 2014			
Mailing Address 3007 Darden Rd			Amount			
City	State	Zip Code	60.00			
Greensboro	NC	27407	Transaction ID : ede42623-1dd1-43bd-a Date of Disbursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	07 / 11 / Y 2014			
Name of Federal Candidate		Support	Office Sought: House District: 00			
Ms. Kay Hagan		X Oppose	President Senate State: NC			
Calendar Year-To-Date Per Election for Office Sought	77	156614.88	Disbursement For: Primary General 2014 Gther (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		65.10			
(-)			7 7			
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		•			
(c) TOTAL Independent Expenditures			·			
Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi- party committee) any political party committee or it	date or authorize					
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 14 2014			
Signaturo						

	medule Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	/omen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Petrina Williams	07 11 2014
	Mailing Address 3007 Darden Rd	Amount
	City State Zip Code	9.30
	Greensboro NC 27407	Transaction ID : 3bdfa38e-2f2b-4718-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	07 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	450044.00	ursement For: Primary X General
	Per Election for Office Sought 156614.88 2014	Other (specify)
	Full Name of Payee Reagan Brackett	Date of Public Distribution/Dissemination
	Mailing Address 502 E Center Ave	07 11 2014
		Amount
	City State Zip Code	40.00
	Searcy AR 72143	Transaction ID : d60dfcaf-2417-486c-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	07 11 / 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR State:
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	49.30
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
,	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
		7 14 2014
	Signature	

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OF

NAME OF COMMITTEE (In Full) Women Speak Out PAC C C00530766 Check if 24-hour report	Y = Y = Y
Check if 24-hour report	
Check if 24-hour report 48-hour report New report Amends report filed on Full Name of Payee Date of Public Distribution/Disse	
	VVV
07 11	2014
Mailing Address 502 E Center Ave Amount	
City State Zip Code	11.10
Searcy AR 72143 Transaction ID : f46397ff-bc11- Date of Disbursement or Obliga	-4008-9
Purpose of Expenditure	2014
Name of Federal Candidate Support Office Sought: House Distri	ct:00
Mr. Mark L Pryor	te: AR
Per Election for Office Sought 18410.93 2014	K General
Full Name of Payee Date of Public Distribution/Disse	omination
Flizabeth Hanks	emination 2014
Mailing Address 891 W. Melmar Amount	2014
City State Zip Code	30.00
Fayetteville AR 72703 Transaction ID : f3b8e07f-7bce- Date of Disbursement or Obliga	
Purnose of Evnenditure	2014
Name of Federal Candidate Support Office Sought: House Distri	ict:00
Mr. Mark L Pryor	4.5
Calendar Year-To-Date Per Election for Office Sought Disbursement For: □ Primary 2014 □ Other (specify) ▶	K General
(a) SUBTOTAL of Itemized Independent Expenditures	41.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	-75
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07 14 2014	Y
Signature	

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OF

Schedule E)	THE OF INDEFENDE	INI EXPEND	TIONES		PAGE 32 OF 95 FOR SE OF FORM 24/48
NAME OF COMMITTEE	(In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak C	out PAC				C C00530766
Check if 24-hour rep	ort X 48-hour report	New rep	port Amends rep	port filed on	M = M / D = D / Y = Y = Y = Y
Full Name of Payee Elizabeth Han	ks			Da	te of Public Distribution/Dissemination
Mailing Address 891	W. Melmar			Am	07 11 2014 nount
City		State	Zip Code	— г	3.00
Fayetteville		AR	72703		ansaction ID : 57109e18-8929-495d-9 tte of Disbursement or Obligation
Purpose of Expenditu Mileage	re		Category/ Type 002	2	07 11 2014
Name of Federal Car	ndidate		Support	Office Sou	ught: House District: 00
Mr. Mark L Pryor			X Oppose	Pres	sident Senate State: AR
Calendar Year-To Per Election for		, , , ,	18410.93	Disbursen 2014	nent For:
Full Name of Payee				Da	ate of Public Distribution/Dissemination
Christopher Ma	·				07 11 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1	I0 W Pecan St			An	nount
City		State	Zip Code		40.00
Ville Platte Purpose of Expenditu	. The state of the	LA	70586		nsaction ID: 0664cf1c-6be8-4f75-8 ate of Disbursement or Obligation
Salary	iie		Category/ Type 001		07 / 11 / 2014
Name of Federal Car	ndidate		Support	Office So	ught: House District: 00
Ms. Mary L Landrieu			Oppose	Pre	sident Senate State: LA
Calendar Year-To Per Election for			54982.54	Disbursen 2014	ment For:
(a) SUBTOTAL of Iter	nized Independent Expendi	tures		▶	43.00
(b) SUBTOTAL of Uni	temized Independent Expe	nditures		··· •	
(c) TOTAL Independe	nt Expenditures			···· •	
with, or at the request		didate or authorize			in cooperation, consultation, or concert (if the reporting entity is not a political
Ms. Emily	Buchanan	[Electro	nically Filed] Da	te 07	14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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Schedule E)	EXI END	TOTILO				PAGE 33 OF 95 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC					С	C00530766
Check if 24-hour report X 48-hour report	New repo	ort Am	nends repo	ort filed on	/ = M	/ D = D / Y = Y = Y
Full Name of Payee Christopher Marquess					M = M	c Distribution/Dissemination
Mailing Address 110 W Pecan St				Amou	07 unt	11 2014
City	State	Zip Code				35.70
1 '	LA	70586				ID: e7f5e015-bd05-48f7-9 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type	002		07	11 2014
Name of Federal Candidate			Support	Office Sough	nt:	House District:00
Ms. Mary L Landrieu			Oppose	Presid		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		54982.54		Disbursemen 2014		Primary
Full Name of Payee				Date	of Publi	ic Distribution/Dissemination
Jonathan Odette					M M M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 9600 Earpsboro Chamblee Road				Amor	unt	
City	State	Zip Code				50.00
'	NC	27591				D: 06c2dbf4-45fe-4ac0-b ursement or Obligation
Purpose of Expenditure Salary		Category/ Type	001] [07	11 2014
Name of Federal Candidate			Support	Office Soug	ht:	House District: 00
Ms. Kay Hagan		X	Oppose	Presid	lent	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		156614.8	8	Disburseme 2014		Primary X General
(a) SUBTOTAL of Itemized Independent Expenditures						85.70
(b) SUBTOTAL of Unitemized Independent Expenditure	es					
(c) TOTAL Independent Expenditures				· [7	114112
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized					
Ms. Emily Buchanan	[Electron	ically Filed]	Date	M M / O7	14	2014
Signature						

Schedule E)		TOTILO		PAGE 34 OF 95 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC	C00530766			
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on /	D = D / Y = Y = Y
Full Name of Payee Jonathan Odette			Date of Public	Distribution/Dissemination
Mailing Address 9600 Earpsboro Chamblee Road			07	11 2014
<u>'</u>			Amount	
City Wendell	State NC	Zip Code 27591	Transaction I	9.60 D : 196f60d6-b962-4d15-9
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbu	rsement or Obligation 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate				
Ms. Kay Hagan		Support Oppose	Office Sought:	House District: 00 Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		56614.88	Disbursement For: 2014 Other (sp.	Primary ☐ General
Full Name of Payee Paul Rickert			Date of Public	Distribution/Dissemination
Mailing Address 710 St. Martins Lane			O7 Amount	11 2014
City	State	Zip Code		55.00
Bossier City	LA	71111		0: 4031eeb1-207c-4db5-a ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 /	11 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	g g	54982.54	Disbursement For: 2014 Other (sp	Primary X General ecify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	s		•	64.60
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		•	492
(c) TOTAL Independent Expenditures			>	
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	07 / 14	2014

Schedule E)	DENT EXPEND	DITONES	PAGE 35 OF 95 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New re	port Amends repo	rt filed on
Full Name of Payee Paul Rickert			Date of Public Distribution/Dissemination
Mailing Address 710 St. Martins Lane			07 11 2014 Amount
City	State	Zip Code	17.70
Bossier City	LA	71111	Transaction ID : 3b059f85-65c9-457c-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		54982.54	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
James Antonetz			07 11 / 2014
Mailing Address 11127 Gila Valley Dr			Amount
City	State	Zip Code	40.00
Little Rock	AR	72212	Transaction ID : cfbfcbda-b63b-4b42-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 / 11 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		18410.93	Disbursement For: Primary General 2014 General Other (specify) ▶
•			
(a) SUBTOTAL of Itemized Independent Exper	nditures		57.70
(b) SUBTOTAL of Unitemized Independent Ex	penditures		>
(c) TOTAL Independent Expenditures			•
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 / 14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-			

Schedule E)	DEIVI EXI EIVI	JII OI LO	PAGE 36 OF 95 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
James Antonetz			07
Mailing Address 11127 Gila Valley Dr			Amount
City	State	Zip Code	6.30
Little Rock	AR	72212	Transaction ID: 2424f573-f4a9-4c9d-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	-,-,-	18410.93	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Benjamin Hernandez			07
Mailing Address 915 E Market Ave			Amount
City	State	Zip Code	43.00
Searcy	AR	72149	Transaction ID : 9bc13e96-9a8a-4015-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 11 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought		18410.93	Disbursement For: Primary General General Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expe	nditures		49.30
(b) SUBTOTAL of Unitemized Independent Ex	nenditures		
(1, 00-1011-01011-01011-01011-0101-0101-0			45. 45. 45.
(c) TOTAL Independent Expenditures			•
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	07 14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 9			

Scł	hedule E)	-/(I L. 12.	101120		PAGE 37 OF 95 FOR SE OF FORM 24/48		
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼		
۷V	Vomen Speak Out PAC C c00530766						
Che	eck if 24-hour report X 48-hour report	New repo	ort Amends rep	port filed on	M = M / D = D / Y = Y = Y = Y		
T	Full Name of Payee Benjamin Hernandez			Da	ate of Public Distribution/Dissemination		
\mid	Mailing Address 915 E Market Ave			Ar	07 11 2014 mount		
-	City St	state	Zip Code	— Г	3.00		
		AR	72149		ransaction ID: 4a98f128-4703-46ea-a ate of Disbursement or Obligation		
	Purpose of Expenditure Mileage		Category/ Type 002	_	07 11 2014		
1	Name of Federal Candidate		Support	Office So	ought: House District: 00		
	Mr. Mark L Pryor		Oppose		esident Senate State: AR		
	Calendar Year-To-Date Per Election for Office Sought		18410.93	Disburser 2014	ment For:		
	Full Name of Payee Anthony Pearson Mailing Address 112 apache Dr			Dá	ate of Public Distribution/Dissemination		
	T 12 apacite D1			Ar	mount		
	,	State AR	Zip Code 72149	Tra	45.00 ansaction ID: 99e88e33-06f3-49b3-b ate of Disbursement or Obligation		
	Purpose of Expenditure Salary		Category/ Type 001		07 11 2014		
ľ	Name of Federal Candidate		Support	Office Sc	ought: House District: 00		
	Mr. Mark L Pryor		X Oppose	Pre	esident State: AR		
	Calendar Year-To-Date Per Election for Office Sought		18410.93	Disburser 2014	ment For:		
(8	a) SUBTOTAL of Itemized Independent Expenditures				48.00		
(l	b) SUBTOTAL of Unitemized Independent Expenditures	S		··· • [
(0	c) TOTAL Independent Expenditures			···· 			
W	Under penalty of perjury I certify that the independent exith, or at the request or suggestion of, any candidate context committee) any political party committee or its age	or authorized					
	Ms. Emily Buchanan	[Electron	ically Filed] Dat	ite 07	14 2014		
	Signature						

Women Speak Out PAC C coos30766	ooneduic Ly		FOR SE OF FORM 24/48
Check if	NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Full Name of Payee Anthony Pearson Mailing Address 112 apache Dr City State Zip Code Anthony Pearson Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought City State Zip Code Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Name of Federal Candidate Name of Federal Candidate Name of Payee Solveig Lysne Category/ Wifnington Name of Federal Candidate Name of Federal Candidate Name of Payee Solveig Lysne Category/ Wifnington NC 28411 Name of Pederal Candidate Name of Federal Candidate NC 28411 Name of Federal Candidate Ms. Kay Hagan Category/ Solvey Category/ Solvey Category/ Wifnington NC 28411 Name of Federal Candidate Ms. Kay Hagan Category/ Solvey Category Category Category Solvey Category Category Category Solvey Category Category Category Category Category Category Category Category Catego	women Speak Out PAC		C C00530766
Anthony Pearson Mailing Address 112 apache Dr City State Zip Code Search AR 72149 Purpose of Expenditure Mileage Name of Federal Candidate Solvey Legislary Solvey Legislary Solvey Legislary Per Election for Office Sought Name of Payee Solvey Lysne Mailing Address 7121 Oyster Lane Date of Public Distribution/Dissemination Transaction ID : Saece 78e-4b7b-4b5a-b Date of Disbursement or Collegation Transaction ID : Saece 78e-4b7b-4b5a-b Date of Disbursement or Collegation Transaction ID : Saece 78e-4b7b-4b5a-b Date of Disbursement or Collegation Transaction ID : Saece 78e-4b7b-4b5a-b Date of Disbursement or Collegation Transaction ID : Saece 78e-4b7b-4b5a-b Date of Disbursement For: Primary Seneral State: AR Per Election for Office Sought Transaction ID : Saece 78e-4b7b-4b5a-b Date of Disbursement For: Primary Seneral State: AR Date of Public Distribution/Dissemination Transaction ID : Saece 78e-4b7b-4b5a-b Date of Disbursement For: Primary Seneral Solvey In Security Seneral State: NC Calendar Year-To-Date Per Election for Office Sought Amount Transaction ID : Saece 78e-4b7b-4b5a-b Date of Disbursement For: Primary Seneral Solvey In Security Sener	Check if 24-hour report X 48-hour report New re	eport Amends report filed	
Mailing Address 112 apache Dr City State Zip Code AR 72149 Purpose of Expenditure Mileage Category/ Type O02 Mr. Mark L Pryor Solveig Lysne Office Sought Is410.93 Full Name of Pederal Candidate Is410.93 Full Name of Pederal Candidate Office Sought Is410.93 Full Name of Peayee Solveig Lysne Office Sought Office Office Sought Office Sought Office So	Full Name of Payee		Date of Public Distribution/Dissemination
City State Zip Code Search AR 72149 Purpose of Expenditure Mileage Category Type 002 Name of Federal Candidate Mr. Mark L Pryor Solveig Lysne Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Solveig Lysne Mailing Address 7121 Oyster Lane City State Zip Code Wilmington NC 28411 Purpose of Expenditure Salary Name of Federal Candidate State Zip Code Wilmington NC 28411 Purpose of Expenditure Salary Name of Federal Candidate Mailing Address 7121 Oyster Lane City State Zip Code Wilmington NC 28411 Transaction ID : 16acbd6a-bd83-4aad-8 Date of Dibsursement For: Primary Ceneral Amount Transaction ID : 16acbd6a-bd83-4aad-8 Date of Dibsursement or Obligation Transaction ID : 16acbd6a-bd83-4aad-8 Date of Dibsursement or Obligation Transaction ID : 16acbd6a-bd83-4aad-8 Date of Dibsursement or Obligation Transaction ID : 16acbd6a-bd83-4aad-8 Date of Dibsursement or Obligation Transaction ID : 16acbd6a-bd83-4aad-8 Date of Dibsursement or Obligation Transaction ID : 16acbd6a-bd83-4aad-8 Date of Dibsursement or Obligation Transaction ID : 16acbd6a-bd83-4aad-8 Date of Dibsursement or Obligation Transaction ID : 16acbd6a-bd83-4aad-8 Date of Dibsursement or Obligation Transaction ID : 16acbd6a-bd83-4aad-8 Date of Dibsursement or Obligation Transaction ID : 16acbd6a-bd83-4aad-8 Date of Dibsursement or Obligation Transaction ID : 16acbd6a-bd83-4aad-8 Date of Dibsursement or Obligation Transaction ID : 16acbd6a-bd83-4aad-8 Date of Dibsursement or Obligation Transaction ID : 16acbd6a-bd83-4aad-8 Date of Dibsursement or Obligation Transaction ID : 16acbd6a-bd83-4aad-8 Date of Dibsursement For: Primary Solve ID			
Search AR 72149 Furpose of Expenditure Mileage Name of Federal Candidate Name of Federal Candidate Mr. Mark L Pyor Calendar Year-To-Date Per Election for Office Sought Name of Federal Candidate Mailing Address 7121 Oyster Lane City State Viype Solveig Lysne Name of Federal Candidate Namount City State Viype Out Transaction ID: 3acce78e-4b7b-4b5a-b Date of Disbursement or Obligation Office Sought: House District:OO President X Senate State:AR Disbursement For:Primary X General Per Election for Office Sought Full Name of Payee Solveig Lysne Mailing Address 7121 Oyster Lane Category/ Wilmington NC 28411 Name of Federal Candidate NC Salary Oppose Transaction ID: 3acce78e-4b7b-4b5a-b Date of Debutic Distribution/Dissemination Office Sought:	Mailing Address 112 apache Dr		Amount
Search AR 72149 Furpose of Expenditure Mileage Name of Federal Candidate Name of Federal Candidate Mr. Mark L Pyor Calendar Year-To-Date Per Election for Office Sought Name of Federal Candidate Mailing Address 7121 Oyster Lane City State Viype Solveig Lysne Name of Federal Candidate Namount City State Viype Out Transaction ID: 3acce78e-4b7b-4b5a-b Date of Disbursement or Obligation Office Sought: House District:OO President X Senate State:AR Disbursement For:Primary X General Per Election for Office Sought Full Name of Payee Solveig Lysne Mailing Address 7121 Oyster Lane Category/ Wilmington NC 28411 Name of Federal Candidate NC Salary Oppose Transaction ID: 3acce78e-4b7b-4b5a-b Date of Debutic Distribution/Dissemination Office Sought:	City State	Zip Code	3.00
Purpose of Expenditure Mileage Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Purpose of Expenditure Salary Name of Federal Candidate NC Disbursement For: Disbursement For: Date of Public Distribution/Dissemination Office Sought Full Name of Payee Solveig Lysne City State Zip Code Wilmington NC 28411 Purpose of Expenditure Salary Nor Disbursement or Office Sought Amount Category/ Type Office Sought: House Distribution/Dissemination Office Sought: Amount Category/ Type Office Sought: House Distribution/Dissemination Office Sought: President Senate State: NC Category/ Type Office Sought: House District: Office Sought: Disbursement or Obligation Office Sought: Disbursement For: Disb		•	Transaction ID : 3aece78e-4b7b-4b5a-b
Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Solveig Lysne Mailing Address 7121 Oyster Lane City State Zip Code Wilmington NC 28411 Name of Federal Candidate Ms. Kay Hagan Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought NS tate Zip Code Transaction ID : f6acbda-bd83-4aad-8 Date of Disbursement or Obligation Mor 7 11 2014 Transaction ID : f6acbda-bd83-4aad-8 Date of Disbursement or Obligation Office Sought: Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Tother (specify) ▶ Transaction ID : f6acbda-bd83-4aad-8 Date of Disbursement or Obligation Mor 7 11 2014 Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Tother (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury 1 certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (iff the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan IElectronically Filed Date Other (specify) ▶	• · · · · · · · · · · · · · · · · · · ·		M M / D D / Y Y Y Y
Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Solveig Lysne Mailing Address 7121 Oyster Lane City State Zip Code Wilmington NC 28411 Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures. Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. (Electronically Filed) Disbursement For: Pirmary General 2014 Other (specify) ▶ Date of Public Distribution/Dissemination Page 2014 Tansaction ID: 16acbdob-bd33-4aad-8 Date of Disbursement or Obligation To 7 11 2014 Amount To 85.20 Tansaction ID: 16acbdob-bd33-4aad-8 Date of Disbursement or Obligation To 7 11 2014 Tansaction ID: 16acbdob-bd33-4aad-8 Date of Disbursement or Obligation To 7 11 2014 Amount To 7 11 2014 To 7 11 20	Name of Federal Candidate	Support Office	e Sought: House District: 00
Per Election for Office Sought Full Name of Payee Solveig Lysne Malling Address 7121 Oyster Lane City State Zip Code Wilmington NC 28411 Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures	Mr. Mark L Pryor		
Full Name of Payee Solveig Lysne Mailing Address 7121 Oyster Lane City State Zip Code Wilmington NC 28411 Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Date of Public Distribution/Dissemination Amount Category/ Dot 11 2014 Amount Category/ Type 001 Fresident Separate State: NC Disbursement For: Primary General 2014 Other (specify) 28.20 Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	•		
Solveig Lysne Mailing Address 7121 Oyster Lane City State Zip Code Wilmington NC 28411 Purpose of Expenditure Salary Category/ Oo1 NS. Kay Hagan Support Office Sought: House District: 00 Ms. Kay Hagan Support Office Sought: House District: 00 Ms. Kay Hagan Support Office Sought: House District: 00 Ms. Kay Hagan Support Office Sought: House District: 00 Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date OT 14 2014 Amount Amount Category Category Ooffice Sought: House District: 00 Transaction ID: 15acbd0a-bd83-4aad-8 Date of Disbursement or Obligation President Sealer State: NC Total Independent Sealer State: NC Other (specify) Category/ Office Sought: House District: 00 Office Sought: H	F.II Name of Broom		
Mailing Address 7121 Oyster Lane City State Zip Code Wilmington NC 28411 Purpose of Expenditure Salary Name of Federal Candidate State Support Ms. Kay Hagan Name of Federal Candidate State			M M / D D / Y Y Y Y
Wilmington NC 28411 Transaction ID: 16acbd0a-bd83-4aad-8 Date of Disbursement or Obligation Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Support Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Transaction ID: 16acbd0a-bd83-4aad-8 Date of Disbursement or Obligation Moffice Sought: House District: _00 President	Mailing Address 7121 Oyster Lane		
Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	City State	Zip Code	25.20
Purpose of Expenditure Salary Category/ Type O01 O7	Wilmington	28411	Transaction ID : 16acbd0a-bd83-4aad-8 Date of Disbursement or Obligation
Ms. Kay Hagan Calendar Year-To-Date President Senate State: NC			M = M / D = D / Y = Y = Y
Calendar Year-To-Date Per Election for Office Sought 156614.88 Disbursement For: Primary General 2014 Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures	Name of Federal Candidate	Support Office	ee Sought: House District: 00
(a) SUBTOTAL of Itemized Independent Expenditures	Ms. Kay Hagan	Oppose	President State: NC
(b) SUBTOTAL of Unitemized Independent Expenditures	•		4
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date O7 14 2014	(a) SUBTOTAL of Itemized Independent Expenditures	·····	28.20
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Date	(b) SUBTOTAL of Unitemized Independent Expenditures	•	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Date	(c) TOTAL Independent Expenditures	>	
[Electronically Filed] Date 07 14 2014	with, or at the request or suggestion of, any candidate or authoriz		
Duto vi		onically Filed]	
	Signature		

PAGE 38

OF

Schedule E)	LIVI EXI ENL	TI OTILO	PAGE 39 OF 95 FOR SE OF FORM 24/48				
IAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼							
Vomen Speak Out PAC							
heck if 24-hour report X 48-hour report New report Amends report filed on							
Full Name of Payee			Date of Public Distribution/Dissemination				
Solveig Lysne			07 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 7121 Oyster Lane			Amount				
City	State	Zip Code	3.90				
Wilmington	NC	28411	Transaction ID : c72916a2-177d-4c64-b Date of Disbursement or Obligation				
Purpose of Expenditure Mileage		Category/ Type 002	07 D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate		Support	Office Sought: House District: 00				
Ms. Kay Hagan		X Oppose	President State: NC				
Calendar Year-To-Date Per Election for Office Sought	-,,	156614.88	Disbursement For: Primary General 2014 Gher (specify) ▶				
Full Name of Payee			Date of Public Distribution/Dissemination				
Kenny Wallis			07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 6412 Osage Dr			Amount				
City	State	Zip Code	15.00				
North Little rock	AR	72116	Transaction ID: 3763e2a8-5b19-4302-8 Date of Disbursement or Obligation				
Purpose of Expenditure Salary		Category/ Type 001	07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate		Support	Office Sought: House District: 00				
Mr. Mark L Pryor		X Oppose	President Senate State: AR				
Calendar Year-To-Date Per Election for Office Sought		18410.93	Disbursement For: Primary General 2014 General Other (specify) ▶				
(a) SUBTOTAL of Itemized Independent Expen	ditures		18.90				
(b) SUBTOTAL of Unitemized Independent Exp	enditures		·				
(c) TOTAL Independent Expenditures			·				
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political				
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 14 2014				

Scł	hedule E)	L /(1 L /(2)	1101120		PAGE 40 OF 95 FOR SE OF FORM 24/48		
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼		
W	Vomen Speak Out PAC C c00530766						
Che	eck if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y		
Т	Full Name of Payee Kenny Wallis				of Public Distribution/Dissemination		
	Mailing Address 6412 Osage Dr			Amou	07 11 2014		
-		<u> </u>			40.00		
	City North Little rock	State AR	Zip Code 72116		18.93 action ID : 9afa8323-d3ea-429f-9 of Disbursement or Obligation		
	Purpose of Expenditure Mileage		Category/ Type 002		07 11 / 2014		
\vdash	Name of Federal Candidate		Support	Office Sough	t: House District: 00		
	Mr. Mark L Pryor		X Oppose	Preside			
	Calendar Year-To-Date Per Election for Office Sought		18410.93	Disbursemen 2014 O	tt For:		
	Full Name of Payee Cory Bryson				of Public Distribution/Dissemination		
	Mailing Address 216 Dogwood Ln			Amou	int		
	City	State	Zip Code		65.00		
	Belmont Durance of Europaditure	NC	28012	Transa Date	action ID : 534a141a-4f6c-40e0-a of Disbursement or Obligation		
	Purpose of Expenditure Salary		Category/ Type 001		07 / 11 / 2014		
Ì	Name of Federal Candidate		Support	Office Sough	nt: House District:00		
	Ms. Kay Hagan		X Oppose	Preside	ent Senate State: NC		
	Calendar Year-To-Date Per Election for Office Sought	<u> </u>	156614.88	Disbursemen 2014 O	nt For: Primary		
(8	a) SUBTOTAL of Itemized Independent Expenditures	S		•	83.93		
(I	b) SUBTOTAL of Unitemized Independent Expenditu	ıres					
(0	c) TOTAL Independent Expenditures			· [
W	Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate arty committee) any political party committee or its a	te or authorized					
	Ms. Emily Buchanan	[Electron	nically Filed] Date	e 07	14 2014		
	Signature						

Schedule E)	EXI ENDITO	STILO		PAGE 41 OF 95 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New report	Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Cory Bryson			Date of Publ	lic Distribution/Dissemination
Mailing Address 216 Dogwood Ln			07 Amount	11 2014
City	State Zir	o Code		21.00
1 7		3012		ID: 576d48e8-85a6-429f-b oursement or Obligation
Purpose of Expenditure Mileage	С	Category/ Type 002	M M M 07	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1566	614.88	Disbursement For: 2014 Other (s	Primary
Full Name of Payee			Date of Pub	lic Distribution/Dissemination
John Voholetz			07	/ D D / Y Y Y Y Y Y Y 11 2014
Mailing Address 718 N MacMillan Avenue			Amount	
City	State Zir	p Code		52.50
'		8803		ID: 4327ca89-5840-4715-a pursement or Obligation
Purpose of Expenditure Salary	С	Category/ Type 001	07 ^M	11 / 2014
Name of Federal Candidate	· ·	Support	Office Sought:	House District:00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		156614.88	Disbursement For: 2014 Other (s	Primary
(a) SUBTOTAL of Itemized Independent Expenditures			•	73.50
(b) SUBTOTAL of Unitemized Independent Expenditures	es		>	4
(c) TOTAL Independent Expenditures			>	7 1 4 1
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized co			
Ms. Emily Buchanan	[Electronical	lly Filed] Date	07 / 14	2014
Signature				

Schedule E)	LINDITOTIES	PAGE 42 OF 95 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report	filed on Mam / Dad / Yayayay
Full Name of Payee John Voholetz		Date of Public Distribution/Dissemination
Mailing Address 718 N MacMillan Avenue		07
City State	Zip Code	6.00
Wilmington NC	28803	Transaction ID : 15f8984f-b4ed-4b3f-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	07 / 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District:00
Ms. Kay Hagan	∑ Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Francis Richardson		07 11 Y Y Y Y Y
Mailing Address 220 Doucet Rd		Amount
City	7in Codo	30,00
City State Lafayette LA	Zip Code 70503	Transaction ID : 411f2294-5715-43db-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07 / 11 / Y Y Y Y Y 2014
Name of Federal Candidate	Support	Office Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	54982.54	Disbursement For: Primary General 2014 Gher (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures		36.00
(b) SUBTOTAL of Unitemized Independent Expenditures		>
(c) TOTAL Independent Expenditures		>
Under penalty of perjury I certify that the independent expurity, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.		
	[Electronically Filed] Date	07 14 2014
Signature		

· · · · · · · · · · · · · · · · · ·	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on Amends repo
Full Name of Payee	Date of Public Distribution/Dissemination
Francis Richardson	07
Mailing Address 220 Doucet Rd	Amount
City State	Zip Code 3.00
Lafayette LA	70503 Transaction ID : 958cc5bf-6cc1-4daf-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 07 11 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Danielle McCoy Mailing Address 1025 Cayley Ct	Date of Public Distribution/Dissemination 07
City State	Zip Code 95.00
High Point NC	27260 Transaction ID : 1dfb2acd-0ef0-40ce-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 07 / 11 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Kay Hagan	Oppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	98.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	•
	enditures reported herein were not made in cooperation, consultation, or concert uthorized committee or agent of either, or (if the reporting entity is not a political
	[Electronically Filed] Date 07 14 2014
Signature	

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OF

Schedule E)	PAGE 44 OF 95 FOR SE OF FORM 24/48					
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼					
Vomen Speak Out PAC						
Check if 24-hour report 48-hour report New report Amends	report filed on					
Full Name of Payee Danielle McCoy	Date of Public Distribution/Dissemination					
Mailing Address 1025 Cayley Ct	07 11 2014					
	Amount					
City State Zip Code	20.10					
High Point NC 27260	Transaction ID: c7a97f9d-8d27-4cbe-9 Date of Disbursement or Obligation					
Purpose of Expenditure Mileage Category/ Type	002 07 11 7 2014					
Name of Federal Candidate Suppo	ort Office Sought: House District: 00					
Ms. Kay Hagan Oppos	se President Senate State: NC					
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary					
Full Name of Payee	Date of Public Distribution/Dissemination					
Lily Green	07 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Mailing Address 205 Medallion Circle						
	Amount					
City State Zip Code	80.00					
Shreveport LA 71119	Transaction ID: 758c0682-278a-46ea-9 Date of Disbursement or Obligation					
Purpose of Expenditure Salary Category/ Type	001 07 / D D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Name of Federal Candidate Suppo	ort Office Sought: House District: 00					
Ms. Mary L Landrieu Oppos	se President X Senate State: LA					
Calendar Year-To-Date Per Election for Office Sought 54982.54	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶					
•						
(a) SUBTOTAL of Itemized Independent Expenditures	100.10					
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures	······································					
Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or agreety committee) any political party committee or its agent.						
Ms. Emily Buchanan [Electronically Filed]	Date 07 14 2014					
Signature						

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on Amends report filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Lily Green	07 11 / 2014
Mailing Address 205 Medallion Circle	Amount
City State	e Zip Code 22.50
Shreveport LA	71119 Transaction ID : fcc9a153-db5e-4990-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 07 11 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Tammay Williams Mailing Address 924 N. Prieur St	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
5 924 N. Fileul St	Amount
City State	e Zip Code 75.00
New Orleans LA	70116 Transaction ID : 3f35102c-8afb-4ffc-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 07 11 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	97.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	• • • • • • • • • • • • • • • • • • •
	enditures reported herein were not made in cooperation, consultation, or concert authorized committee or agent of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electronically Filed] Date 07 14 2014
Gignature	

PAGE

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OF

Schedule E)		DITORILO	PAGE 46 OF 95 FOR SE OF FORM 24/48				
IAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼							
Vomen Speak Out PAC C c00530766							
heck if 24-hour report X 48-hour report New report Amends report filed on							
Full Name of Payee Tammay Williams			Date of Public Distribution/Dissemination				
Mailing Address 924 N. Prieur St			07 11 2014				
			Amount				
City	State	Zip Code	13.50				
New Orleans	LA	70116	Transaction ID: 3ee1e2d6-f291-4d77-9 Date of Disbursement or Obligation				
Purpose of Expenditure Mileage		Category/ Type 002	07 / D D / Y Y Y Y Y Y Y				
Name of Federal Candidate		Support	Office Sought: House District:00				
Ms. Mary L Landrieu		X Oppose	President Senate State: LA				
Calendar Year-To-Date Per Election for Office Sought	.,,	54982.54	Disbursement For: Primary General 2014 Other (specify) ▶				
Full Name of Payee			Date of Public Distribution/Dissemination				
Pamela Mahoney			07 11 2014				
Mailing Address 52 East St Jude			Amount				
City	State	Zip Code	40.00				
Hardy	AR	72542	Transaction ID : dc631846-8823-482f-a Date of Disbursement or Obligation				
Purpose of Expenditure Salary		Category/ Type 001	07 11 2014				
Name of Federal Candidate		Support	Office Sought: House District: 00				
Ms. Mary L Landrieu		X Oppose	President Senate State: LA				
Calendar Year-To-Date Per Election for Office Sought		54982.54	Disbursement For: Primary General 2014 General Other (specify) ▶				
(a) SUBTOTAL of Itemized Independent Expend	itures		. ▶ 53.50				
(b) SUBTOTAL of Unitemized Independent Expe	andituros						
(b) SOBTOTAL OF Officeringed independent Expe	maitares		7 7 7				
(c) TOTAL Independent Expenditures							
	didate or authoriz		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political				
Ms. Emily Buchanan Signature	[Electr	onically Filed] Date	07 14 2014				
Signature							

Sche	dule E)	L /(1 L /(2)	TOTILO		-	PAGE 47 OF 95 FOR SE OF FORM 24/48	
	OF COMMITTEE (In Full)					ENTIFICATION NUMBER ▼	
Won	Vomen Speak Out PAC C c00530766						
Check	if 24-hour report X 48-hour report	New repo	ort Amends re	port filed on	M = M /		
	Il Name of Payee			Di	ate of Public	Distribution/Dissemination	
	amela Mahoney				M M /	11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
IVIa	illing Address 52 East St Jude			Ar	mount		
Cit		State	Zip Code	$$ Γ		1.50	
	ardy	AR	72542			: 1bdf623e-5bc6-4222-a sement or Obligation	
	rpose of Expenditure ileage		Category/ Type 00	-	07 /	11 2014	
Na	me of Federal Candidate		Support	Office Sc	ought:	House District:00	
Ms	s. Mary L Landrieu		X Oppose		esident X	Senate State: LA	
	Calendar Year-To-Date Per Election for Office Sought		54982.54	Disburser 2014	ment For:	Primary	
Ful	II Name of Payee			D		Distribution/Dissemination	
	silian Addusas				07	11 / 2014	
IVIC	9455 Snow Camp Road			A	mount		
Cit	ry	State	Zip Code			65.00	
	nowcamp	NC	27349	Tra	ansaction ID ate of Disbur	: 73691b15-8945-47b9-8 sement or Obligation	
	rpose of Expenditure alary		Category/ Type 00	1	07 /	11 / 2014	
Na	me of Federal Candidate		Support	Office So	ought:	House District:00	
Ms	s. Kay Hagan		X Oppose		esident X	Senate State: NC	
	Calendar Year-To-Date Per Election for Office Sought	, , ,	156614.88	Disburse 2014	ment For: [Other (spe	Primary	
(a)	SUBTOTAL of Itemized Independent Expenditures	e				66.50	
(ω)	SUBTOTAL OF ROTHERON TRASPORTATION	,			7	00.00	
(b)	SUBTOTAL of Unitemized Independent Expenditu	ıres		▶ _			
(c)	TOTAL Independent Expenditures			·····			
with,	er penalty of perjury I certify that the independer, or at the request or suggestion of, any candidate y committee) any political party committee or its a	te or authorized					
	Ms. Emily Buchanan	[Electron	ically Filed] Da	ate 07	/ D D D	2014	
S	Signature						

Schedule E)	LAPLIND	TUNES		PAGE 48 OF 95 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Matt Gleb			Date of Public	Distribution/Dissemination
			07	11 2014
Mailing Address 3815 Robin Road			Amount	
City	State	Zip Code		15.00
Ayden	NC	28513		D: 7eb1bed9-7191-4327-b rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 /	11 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President >	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, 1	56614.88	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Matt Gleb			07 /	11 / 2014
Mailing Address 3815 Robin Road			Amount	
City	State	Zip Code		9.00
Ayden	NC	28513		: 55d81ce7-9a66-44ad-a rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 /	11 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President >	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , , ,	156614.88	Disbursement For: 2014 Other (sp	Primary
(a) SUBTOTAL of Itemized Independent Expenditures	S			24.00
			7	7
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres)	
(c) TOTAL Independent Expenditures)	7
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	07 / 14	2014
Signature				

Schedule E)	DENT EXTEND	HONES	PAGE 49 OF 95 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Kacie Gleb			07
Mailing Address 3815 Robin Road			Amount
City	State	Zip Code	15.00
Ayden	NC	28513	Transaction ID: 140602e3-82f7-434d-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		156614.88	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Patrice Wolfe			07 11 / 2014
Mailing Address 9909 Treasure Hill Rd			Amount
City	State	Zip Code	20.00
Little Rock	AR	72205	Transaction ID : 1ba1efc4-c147-4862-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, ,	18410.93	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		35.00
			7 7 7
(b) SUBTOTAL of Unitemized Independent Ex	penditures		>
(c) TOTAL Independent Expenditures			•
	andidate or authorized		not made in cooperation, consultation, or concert feither, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-			

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	M M / D D / Y Y Y
Check if 24-hour report 48-hour report	New report Amends report filed on Amends repo
Full Name of Payee Patrice Wolfe	Date of Public Distribution/Dissemination
	07 11 2014
Mailing Address 9909 Treasure Hill Rd	Amount
City Stat	te Zip Code 1.20
Little Rock AR	Transaction ID: 022889bf-fbc3-4f44-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 07 11 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Mattie Harris	07
Mailing Address 3654 Tara St	Amount
City Stat	te Zip Code 20.00
springdale AF	Transaction ID: b40a46fa-3fff-4f5f-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 07 11 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2014 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	21.20
(b) SUBTOTAL of Unitemized Independent Expenditures)
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·
	penditures reported herein were not made in cooperation, consultation, or concert authorized committee or agent of either, or (if the reporting entity is not a political t.
Ms. Emily Buchanan	[Electronically Filed] Date 07 14 2014
Signature	

PAGE

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OF

				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷۱	omen Speak Out PAC		С	C00530766	
Ch	eck if 24-hour report X 48-hour report New report Amends report filed		= M	/ D D /	YIYIY
П	Full Name of Payee	Date of	of Pub	lic Distribution	Dissemination
	Mattie Harris	M	07 ^M	/ D D /	2014
	Mailing Address 3654 Tara St	Amou	nt		
	City State Zip Code	Г.			5.10
	springdale AR 72762			n ID: 008389f9 oursement or 0	-aa1a-4d02-b
	Purpose of Expenditure Mileage Category/ Type 002		07	11 11	2014
	Name of Federal Candidate Support Office	Sough	t:	House	District:00
	Mr. Mark L Pryor Oppose	Preside		X Senate	State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsemen		Primary specify) ▶	K General
١	Full Name of Payee				/Diagramination
	Facebook	Date		olic Distribution	Volssemination 2014
	Mailing Address 1601 Willow Road	Amou	-		2014
1	City State Zip Code	Г.			2376.00
	Menlo Park CA 94025			ID: cb9cec15 bursement or (-5c52-4c9b-a
	Purpose of Expenditure Internet Advertising Category/ Type 004		07 ^M	11 /	2014
1	Name of Federal Candidate Support Office	Sough	t:	House	District: 00
	Mr. Mark E Udall Oppose	Preside	ent	Senate	
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014			Primary specify) ▶	General
	(a) SUBTOTAL of Itemized Independent Expenditures				2381.10
	(b) SUBTOTAL of Unitemized Independent Expenditures				
	(c) TOTAL Independent Expenditures			7	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 0	7 /	14	D / Y Y 201	4
	Signature				

PAGE

OF

ScI	hedule E)	L/II LITE.	101120		-	PAGE 52 OF 95 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					NTIFICATION NUMBER ▼
W	omen Speak Out PAC				C co	00530766
Che	eck if 24-hour report X 48-hour report	New repo	ort Amends	report filed	on Man /	D = D / Y = Y = Y
T	Full Name of Payee Google				Date of Public D	Distribution/Dissemination
-	Mailing Address 1600 Amphitheatre Parkway				07 Amount	11 2014
ŀ	Oth .	Ctoto	7:n Codo			2276.00
	City S Mountian View	State CA	Zip Code 94043			2376.00 : 2fc79fe3-8939-423e-9 ement or Obligation
	Purpose of Expenditure Internet Advertising		Category/ Type	004	M - M / 07	11 2014
ŀ	Name of Federal Candidate		Suppo	ort Office	Sought:	House District: 00
	Mr. Mark E Udall		X Oppos		President X	Senate State: CO
	Calendar Year-To-Date Per Election for Office Sought		9476.75	Disbu 2014	orsement For: Other (spec	Primary
	Full Name of Payee Bradley K Kissinger Mailing Address 3113 Imperial Valley Dr.				Date of Public I	Distribution/Dissemination
					7	
	City Little Rock	State AR	Zip Code 72212		Transaction ID :	40.00 b7a18fce-467f-461b-9 ement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001	07 /	12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ľ	Name of Federal Candidate		Suppo	ort Office	e Sought:	House District: 00
	Mr. Mark L Pryor		X Oppos		President X	
	Calendar Year-To-Date Per Election for Office Sought		18410.93	Disbu 2014	ursement For: Other (spec	Primary
(:	a) SUBTOTAL of Itemized Independent Expenditures.			······	7	2416.00
(1	(b) SUBTOTAL of Unitemized Independent Expenditure	'es		······ >	7	141141
(0	c) TOTAL Independent Expenditures			······ >	-7	
W	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	e or authorized				
	Ms. Emily Buchanan	[Electron	ically Filed]	Date 0	7 14	2014
	Signature					

Schedule E)	FENDENT EXPEND	HOILS	PAGE 53 OF 95 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hou	ur report New rep	port Amends repo	ort filed on
Full Name of Payee Bradley K Kissinger			Date of Public Distribution/Dissemination
Mailing Address 3113 Imperial Valley	Or.		07 12 2014 Amount
City	State	Zip Code	6.90
Little Rock	AR	72212	Transaction ID : 48b90eed-fd49-419b-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President X Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 7	18410.93	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Ms. Chassidy Menard			07 12 Y Y Y Y Y Y Y
Mailing Address 515 Walter Dr.			Amount
City	State	Zip Code	40.00
Lafayette Purpose of Expenditure	LA	70507	Transaction ID: b5976762-0982-44d0-a Date of Disbursement or Obligation
Salary		Category/ Type 001	07 12 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	54982.54	Disbursement For: ☐ Primary ☐ General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent	nt Expenditures		▶ 46.90
(b) SUBTOTAL of Unitemized Indepen	dent Expenditures		
(c) TOTAL Independent Expenditures			
	, any candidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	e 07 / 14 / 2014
•			

Schedule E)	INT EXICITE	TI OTILO	PAGE 54 OF 95 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Ms. Chassidy Menard			07 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 515 Walter Dr.			Amount
City	State	Zip Code	6.00
Lafayette	LA	70507	Transaction ID : f2d8aeb4-f42d-41ee-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		54982.54	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Amanda Boley			07 12 7 2014
Mailing Address Split Oak Drive			Amount
City	State	Zip Code	20.00
charlotte	NC	28227	Transaction ID : efcb3d03-7957-4109-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		54982.54	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		26.00
#X			
(b) SUBTOTAL of Unitemized Independent Exper	nditures)
(c) TOTAL Independent Expenditures			•
	lidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 14 2014
-			

Schedule E)	DEITI EXI END	TI OTILO		PAGE 55 OF 95 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	rt New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee			Data of Bubli	- Distribution/Dissemination
Amanda Boley			Date of Publi	c Distribution/Dissemination / 12 2014
Mailing Address Split Oak Drive			Amount	
City	State	Zip Code		15.90
charlotte	NC	28227		ID: 450a0ba8-d5f9-42a5-a ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 07	12 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		54982.54	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee Barbara A Williams				ic Distribution/Dissemination
Mailing Address 3002 Darden Rd			07	12 / 2014
Apt A			Amount	
City	State	Zip Code		33.00
Greensboro	NC	27407	Transaction I Date of Disb	D: cebc9401-088f-44f6-a ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 07	12 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	156614.88	Disbursement For: 2014 Other (s	Primary X General
(a) SUBTOTAL of Itemized Independent Expe	enditures		. •	48.90
(b) SUBTOTAL of Unitemized Independent Ex	cpenditures		· •	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	M M / D D D 14	/ Y Y Y Y Y Y 2014
Signature		_		

Schedule E)	ONES	PAGE 56 OF 95 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New report	rt Amends report filed of	on M = M / D = D / Y = Y = Y
Full Name of Payee Andrea L Hammond		Date of Public Distribution/Dissemination
Mailing Address 12920 Kneeland Ln		07 12 2014
		Amount
•	Zip Code	35.00
Neosho MO		Transaction ID : fa1fa168-8eb5-40d4-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	Sought: House District:00
Mr. Mark L Pryor	∑ Oppose □ I	President State: AR
Calendar Year-To-Date Per Election for Office Sought	8410.93 Disburs 2014	sement For: Primary
Full Name of Payee		Date of Public Distribution/Dissemination
Andrea L Hammond		07 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 12920 Kneeland Ln		Amount
City State 2	Zip Code	2.40
1 ·		ransaction ID: 488b4a87-08bb-4397-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	07 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	Sought: House District:00
Mr. Mark L Pryor		President State: AR State:
Calendar Year-To-Date Per Election for Office Sought	18410.93 Disbur 2014	sement For:
(a) SUBTOTAL of Itemized Independent Expenditures		37.40
	,	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	7 7 7
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent expenditures r with, or at the request or suggestion of, any candidate or authorized oparty committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronic	ally Filed] Date 07	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed or	M M / D D / Y Y Y Y Y
	Date of Public Distribution/Dissemination
Patrice Wolfe	07 12 2014
Mailing Address 9909 Treasure Hill Rd	Amount
City State Zip Code	30.00
Little Rock AR 72205	Fransaction ID : ab5f8b95-9291-4d2b-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 12 7 2014
Name of Federal Candidate Support Office S	Sought: House District:00
Mr. Mark I. Prvor	resident State: AR
Calendar Year-To-Date Per Election for Office Sought Disburse 2014	ement For: Primary
Full Name of Payee	
Patrice Wolfe	Date of Public Distribution/Dissemination 07 12 2014
Mailing Address 9909 Treasure Hill Rd	Amount
City State Zip Code	2.70
	ransaction ID : 4b88c4b5-4d08-474b-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	07 12 / Y Y Y Y Y Y Y
Name of Federal Candidate Support Office S	Sought: House District: 00
Mr. Mark L Pryor Oppose P	resident Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Disburse 2014	ement For:
(a) SUBTOTAL of Itemized Independent Expenditures	32.70
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	14 2014
Signature	

PAGE

OF

Schedule I		THE EXTENS			PAGE 58 OF 95 FOR SE OF FORM 24/48
	DMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women S	Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y
		New leb	ort America repe	I med on	
Full Name Petrina	e of Payee a Williams				of Public Distribution/Dissemination 07
Mailing Ad	ddress 3007 Darden Rd			Amou	nt
City		State	Zip Code		35.00
Greensbo	oro	NC	27407		action ID : b546f586-7f2b-4810-a of Disbursement or Obligation
Purpose of Salary	of Expenditure		Category/ Type 001	М	07 12 / 2014
Name of	Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Kay I	Hagan		X Oppose	Preside	ent Senate State: NC
	ndar Year-To-Date Election for Office Sought	1	56614.88	Disbursemen 2014 O	t For:
	e of Payee			Date	of Public Distribution/Dissemination
Petrina	a Williams			IV	07 12 2014
Mailing A	ddress 3007 Darden Rd				لىنىا لىا لى
				Amou	nt
City		State	Zip Code	П Г.	6.60
Greensb		NC	27407	Transa Date	ction ID : fd89729c-62a3-4c03-8 of Disbursement or Obligation
Purpose of Mileage	f Expenditure		Category/ Type 002	N	07 / 12 / Y Y Y Y Y
Name of	Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Kay I	Hagan		X Oppose	Preside	
	ndar Year-To-Date Election for Office Sought	7 7	156614.88	Disbursemen 2014 O	t For:
(a) SUBTO	OTAL of Itemized Independent Expenditu	ires		· •	41.60
(b) SUBTO	PTAL of Unitemized Independent Expendent	ditures		•	
(c) TOTAL	Independent Expenditures			•	7
with, or at	alty of perjury I certify that the independent the request or suggestion of, any candic nittee) any political party committee or it	date or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 07	14 2014
Signatu	re				

	neddic E)	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۷	omen Speak Out PAC	C C00530766
Che	eck if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y
Т	Full Name of Payee	Date of Public Distribution/Dissemination
	Warren Gravois	07 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 16005 7th St	Amount
-	City State Zip Code	50.00
	Pearlington MS 39572	Transaction ID : cd2c2d68-7238-4195-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	07 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ľ	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Mary L Landrieu	President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rrsement For: Primary X General
-		Other (specify) ▶
	Full Name of Payee Warren Gravois	Date of Public Distribution/Dissemination
	Mailing Address 16005 7th St	07 12 2014 Amount
-	City State Zip Code	3.60
	Pearlington MS 39572	Transaction ID: f4199a8c-ba4f-4de4-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	07 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ľ	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
((a) SUBTOTAL of Itemized Independent Expenditures	53.60
((b) SUBTOTAL of Unitemized Independent Expenditures	
((c) TOTAL Independent Expenditures	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 0	7 14 2014
	Signature	

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OF

Schedule E)	IN EXILINE	TI OTILO	PAGE 60 OF 95 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Saige Anderson			07 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 424			Amount
City	State	Zip Code	45.00
Searcy	AR	72145	Transaction ID: 62d8ea5e-da09-4dda-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		18410.93	Disbursement For: Primary General General Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Saige Anderson			07
Mailing Address PO Box 424			Amount
City	State	Zip Code	6.96
Searcy	AR	72145	Transaction ID: 47517a48-8a8e-4ca0-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 12 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought		18410.93	Disbursement For: Primary General General Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expendi	tures		51.96
(b) SUBTOTAL of Unitemized Independent Expe	nditures		
(b) SOBTOTAL OF STREETINGS INDEPONDENT EXPO	iditaloo		4 4
(c) TOTAL Independent Expenditures			·
	lidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Scł	hedule E)		PAGE 61 OF 95 FOR SE OF FORM 24/48			
	ME OF COMMITTEE (In Full)	FE	EC IDENTIFICATION NUMBER ▼			
W	Vomen Speak Out PAC C c00530766					
		М	M / D D / Y Y Y Y			
Che	ck if 24-hour report 48-hour report New report Amends report	filed on				
	Full Name of Payee David Ford	Date of	Public Distribution/Dissemination			
\mid	Mailing Address 106 Hillside St	07				
١	5 TOO TIMORE OF	Amount				
	City State Zip Code		45.00			
	Spindale NC 28160		tion ID: d8e6ecbd-5e07-467f-9 Disbursement or Obligation			
ı	Purpose of Expenditure Salary Category/ Type 001	M 07				
ı	Name of Federal Candidate Support C	Office Sought:	House District: 00			
	Ms. Kay Hagan Oppose	President	Senate State: NC			
	Calcillati Total To Bato	Disbursement F	For: Primary General er (specify) ▶			
Γ	Full Name of Payee	Date of	Public Distribution/Dissemination			
	David Ford	07				
ŀ	Mailing Address 106 Hillside St		12 2014			
		Amount				
	City State Zip Code		10.77			
	Spindale NC 28160	Transacti Date of	ion ID: 24e23990-043e-414f-8 Disbursement or Obligation			
	Purpose of Expenditure Mileage Category/ Type 002	M 07	7 12 / 2014			
	Name of Federal Candidate Support C	Office Sought:	House District:00			
	Ms. Kay Hagan Oppose	President	Senate State: NC			
		Disbursement F 2014 Othe	For: Primary X General er (specify) ▶			
(8	a) SUBTOTAL of Itemized Independent Expenditures	· [55.77			
(l	b) SUBTOTAL of Unitemized Independent Expenditures	· []	7 1 7 1 7			
(0	c) TOTAL Independent Expenditures	·	7 1 7 1 7			
W	Under penalty of perjury I certify that the independent expenditures reported herein were no vith, or at the request or suggestion of, any candidate or authorized committee or agent of elearty committee) any political party committee or its agent.					
	Ms. Emily Buchanan [Electronically Filed] Date	07 / E	14 2014			
	Signature					

Sche	dule E)	L /(1 L /(2)			PAGE 62 OF 95 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Won	nen Speak Out PAC				C C00530766
Check	if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	" M / D " D / Y " Y " Y " Y
	Name of Payee eanne Tribou				of Public Distribution/Dissemination
Ма	ulling Address 22369 Ponderosa Dr.			Amou	07 12 2014
Cit		State	Zip Code		50.00
City Ma	y andeville	LA	70471		action ID : c720ee08-75f5-49ee-8 of Disbursement or Obligation
	rpose of Expenditure alary		Category/ Type 001		07 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Na	me of Federal Candidate		Support	Office Sough	t: House District: 00
Ms	s. Mary L Landrieu		X Oppose	Preside	ent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	, ,	54982.54	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
Ful J e	II Name of Payee eanne Tribou				of Public Distribution/Dissemination
Ма	ailing Address 22369 Ponderosa Dr.			Amou	
Cit	у	State	Zip Code		4.80
	andeville	LA	70471	Transa Date	action ID : ceb2115d-8142-4352-8 of Disbursement or Obligation
	rpose of Expenditure ileage		Category/ Type 002	N/	07 12 2014
Na	me of Federal Candidate		Support	Office Sough	nt: House District: 00
Ms	s. Mary L Landrieu		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought		54982.54	Disbursemen 2014 O	nt For: Primary
(a)	SUBTOTAL of Itemized Independent Expenditures	s		•	54.80
(b)	SUBTOTAL of Unitemized Independent Expenditu	ıres		•	
(c)	TOTAL Independent Expenditures			· [7
with,	er penalty of perjury I certify that the independer, or at the request or suggestion of, any candidate y committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	9 07	14 2014
S	Signature				

Schedule E)	A ENDITORIES	PAGE 63 OF 95 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report	filed on M = M / D = D / Y = Y = Y
Full Name of Payee Jeffrey Hampton		Date of Public Distribution/Dissemination
Mailing Address 1700 E Part Ave		07 12 2014 Amount
City Stat	e Zip Code	36.00
Searcy AR	·	Transaction ID : aea1617b-397a-4655-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07 D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support C	Office Sought: House District: 00
Mr. Mark L Pryor	∑ Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Jeffrey Hampton		07 12 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1700 E Part Ave		Amount
City Stat	te Zip Code	5.40
Searcy AF	•	Transaction ID: 8712eda5-7f8c-4812-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	07 12 2014
Name of Federal Candidate	Support C	Office Sought: House District: 00
Mr. Mark L Pryor	X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Oisbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		41.40
	·	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	······	4 1 4 1 4
(c) TOTAL Independent Expenditures)	
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized committee or agent of e	
Ms. Emily Buchanan	[Electronically Filed] Date	07 14 2014
Signature		

Schedule E)	PAGE 64 OF 95 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	te of Public Distribution/Dissemination
Mr. Roger McKinney	07 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 308 West Main Street Am	nount
City State Zip Code	25.00
Pilot Mountian NC 27041 Tra	ansaction ID : e7b94e88-f466-446e-b tte of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ught: House District: 00
Ms Kay Hagan	sident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	nent For:
	ate of Public Distribution/Dissemination
Mr. Roger McKinney	M M / D D / Y Y Y Y Y
Mailing Address 308 West Main Street	07 12 2014
- 000 West Main Street	nount
City State Zip Code	7.05
Da	nsaction ID: b9f3b5fb-8a46-4f58-8 ate of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	07 12 2014
Name of Federal Candidate Support Office Soil	ught: House District: 00
Ms. Kay Hagan Oppose Pre	sident State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursen 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	32.05
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made i with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	14 2014
Signature	

<u> </u>	FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full) MANAGE OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼					
Women Speak Out PAC	C C00530766				
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y				
Full Name of Payee Da	ate of Public Distribution/Dissemination				
Glenda McKinney	07 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 308 West Main Street An	nount				
City State Zip Code	25.00				
Plot Mountain NC 27041 Tra	ansaction ID : c5ac8a9b-b6e1-41a1-a tte of Disbursement or Obligation				
Purpose of Expenditure Salary Category/ Type 001	07 12 7 2014				
Name of Federal Candidate Support Office Soil	ught: House District:00				
Mc Kay Hagan	sident State: NC				
Calendar Year-To-Date Per Election for Office Sought Disbursen 2014					
	Other (specify)				
Full Name of Payee James Kindstedt	ate of Public Distribution/Dissemination				
Mailing Address 5510 Dogwood Dr An	07 12 2014 mount				
City State Zip Code	50.00				
	nsaction ID : f8abe80a-20ba-4b23-b ate of Disbursement or Obligation				
Purpose of Expenditure Salary Category/ Type 001	07 12 2014				
Name of Federal Candidate Support Office So	ught: House District: 00				
Ms. Kay Hagan Oppose Pre	esident State: NC				
Calendar Year-To-Date Per Election for Office Sought Disburser 2014	ment For:				
(a) SUBTOTAL of Itemized Independent Expenditures	75.00				
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.					
Ms. Emily Buchanan [Electronically Filed] Date 07	14 2014				
Signature					

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OF

Schedule E)	DENT EXTEND	HORLS	PAGE 66 OF 95 FOR SE OF FORM 24/48			
JAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼						
women Speak Out PAC	Vomen Speak Out PAC					
Check if 24-hour report X 48-hour repor	t New rep	oort Amends repo	rt filed on			
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination			
Mailing Address 5510 Dogwood Dr			07 12 2014			
			Amount			
City	State	Zip Code	13.11			
Winston Salem	NC	27105	Transaction ID : df37b935-20ae-4c17-b Date of Disbursement or Obligation			
Purpose of Expenditure Mileage		Category/ Type 002	07			
Name of Federal Candidate		Support	Office Sought: House District: 00			
Ms. Kay Hagan		X Oppose	President Senate State: NC			
Calendar Year-To-Date Per Election for Office Sought		156614.88	Disbursement For: Primary General 2014 Other (specify) ▶			
Full Name of Payee			Date of Public Distribution/Dissemination			
Joanna Kindstedt			07 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 2134 Tobaccoville Rd			Amount			
City	State	Zip Code	50.00			
Rural Hall	NC	27045	Transaction ID: 9c144387-5d91-4f07-8 Date of Disbursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	07 DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate		Support	Office Sought: House District: 00			
Ms. Kay Hagan		X Oppose	President Senate State: NC			
Calendar Year-To-Date Per Election for Office Sought		156614.88	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expe	nditures		63.11			
(,			7 7 7			
(b) SUBTOTAL of Unitemized Independent Ex	penditures		·			
(c) TOTAL Independent Expenditures			•			
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 14 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
J.g						

		F	FOR SE OF FORM 24/48
	IE OF COMMITTEE (In Full)	FEC IDE	NTIFICATION NUMBER ▼
VV	omen Speak Out PAC	Cc	00530766
Ched	ck if 24-hour report X 48-hour report New report Amends report filed	on M M /	D D
	Full Name of Payee	Date of Public I	Distribution/Dissemination
	Jeremy Hollar	07	12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
1	Mailing Address 121 Meadowview Drive	Amount	
(City State Zip Code		25.00
L	Boone NC 28607		: 3cbf5191-57d6-4822-a sement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	07	12 / 2014
	Name of Federal Candidate Support Office	Sought:	House District:00
	Ms. Kay Hagan Oppose	President X	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbur 2014	sement For: Other (spec	Primary
H	Full Name of Payee		Distribution/Dissemination
	Jeremy Hollar	07	12 2014
	Mailing Address 121 Meadowview Drive	Amount	
	City State Zip Code		8.10
			: 508dc240-8317-46d3-9 sement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	07 /	12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	Sought:	House District: 00
	Ms. Kay Hagan Oppose	President X	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For: Other (spec	Primary X General
(a	a) SUBTOTAL of Itemized Independent Expenditures	7	33.10
(k	b) SUBTOTAL of Unitemized Independent Expenditures	7	7.1.2
(0	e) TOTAL Independent Expenditures	7	42 45
W	nder penalty of perjury I certify that the independent expenditures reported herein were not maith, or at the request or suggestion of, any candidate or authorized committee or agent of either, arty committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed] Date 07	M / D D D	2014
	Signature		

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OF

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Jessica Habakjian	07 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 4193 W. Lang St	Amount
	City State Zip Code	30.00
	Farmville NC 27828	Transaction ID : 4d6f8158-6aba-489e-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	07 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 156614.88 2014	ursement For: Primary X General
		Other (specify)
	Full Name of Payee Jessica Habakjian	Date of Public Distribution/Dissemination
	Mailing Address 4193 W. Lang St	07 12 2014 Amount
	City State Zip Code	5.10
	Farmville NC 27828	Transaction ID : 5aed99f6-dfe7-44a0-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type O02	07 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	35.10
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	(F) (' 11 F) 11	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	
_		

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OF

Schedule E)		1101120		PAGE 69 OF 95 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼		
Women Speak Out PAC	Vomen Speak Out PAC C C00530766					
Check if 24-hour report X 48	3-hour report New report	ort Amends repo	rt filed on	D = D / Y = Y = Y		
Full Name of Payee			Date of Public	Distribution/Dissemination		
Daniel Wall			07 /	12 / 2014		
Mailing Address 3692 Bell Arthur	Rd		Amount			
City	State	Zip Code		25.00		
Greenville	NC	27834		D: 5865cda5-f79e-473e-b irsement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbo	12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Ms. Kay Hagan		X Oppose		Senate State: NC		
Calendar Year-To-Date Per Election for Office Sough	ıt 1	156614.88	Disbursement For: 2014 Other (sp	Primary X General		
Full Name of Payee Daniel Wall			Date of Public	c Distribution/Dissemination		
Moiling Address			07	12 / 2014		
3692 Bell Arthu	ır Rd		Amount			
City	State	Zip Code		4.20		
Greenville	NC	27834	Transaction II Date of Disbu	D: b4d974ad-cef9-4752-8 ursement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	07	12 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District:00		
Ms. Kay Hagan		Oppose	President	Senate State: NC		
Calendar Year-To-Date Per Election for Office Sough	nt	156614.88	Disbursement For: 2014 Other (sp	Primary		
(a) SUBTOTAL of Itemized Indepe	ndent Expenditures			29.20		
(a) 332333112 31 11 11 11 11 11 11 11 11 11 11 11 11				7		
(b) SUBTOTAL of Unitemized Inde	pendent Expenditures		>			
(c) TOTAL Independent Expenditu	'es		•			
Under penalty of perjury I certify to with, or at the request or suggestic party committee) any political party	on of, any candidate or authorized					
Ms. Emily Buchanan	[Electron	ically Filed] Date	07 14	2014		
Signature		_ · · · · · · · · · · · · · · · · · · ·				

Schedule E)				PAGE 70 OF 95 FOR SE OF FORM 24/48		
IAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼						
Women Speak Out PAC	Vomen Speak Out PAC C C00530766					
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y		
Full Name of Payee Xavier Miller			Date of Publ	ic Distribution/Dissemination		
			07	12 / 2014		
Mailing Address 407 randall Dr			Amount			
City	State	Zip Code		30.00		
Searcy	AR	72143		ID: e940cb2e-e23b-4270-a bursement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	07	12 2014		
Name of Federal Candidate		Support	Office Sought:	House District:00		
Mr. Mark L Pryor		X Oppose	President	Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought	, , ,	18410.93	Disbursement For: 2014 Other (s	Primary ⊠ General		
Full Name of Payee	-		Date of Publ	lic Distribution/Dissemination		
Christopher Marquess			07	12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 110 W Pecan St			Amount			
City	State	Zip Code		60.00		
Ville Platte	LA	70586		ID: b97b565c-26fe-4ea9-a pursement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	07	12 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Ms. Mary L Landrieu		Oppose	President	Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought	, , ,	54982.54	Disbursement For: 2014 Other (s	Primary		
(a) SUBTOTAL of Itemized Independent Expenditure	98			90.00		
				7 7		
(b) SUBTOTAL of Unitemized Independent Expendit	tures		•			
(c) TOTAL Independent Expenditures			•	42		
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized					
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	07 / 14	2014		

Sched	ule E)	. EXI EIID	101120		PAGE 71 OF 95 FOR SE OF FORM 24/48
	F COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wom	en Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y
Full	Name of Payee			Data	of Public Distribution/Dissemination
Ch	ristopher Marquess			М	07 12 2014
Maili	ng Address 110 W Pecan St			Amour	nt
City		State	Zip Code		32.40
	Platte	LA	70586		action ID : fba48a5d-5fc5-4f42-8 of Disbursement or Obligation
Purp Mile	ose of Expenditure eage		Category/ Type 002	M	07 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Nam	e of Federal Candidate		Support	Office Sought	: House District: 00
Ms.	Mary L Landrieu		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	7 7	54982.54	Disbursement 2014 Ot	t For:
	Name of Payee			Date of	of Public Distribution/Dissemination
My	eisha M Ross			М	07 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mail	ing Address 3411 Asher Ave				
				Amoui	nt
City		State	Zip Code		60.00
	e Rock	AR	72209	Transa Date of	ction ID : 81843adb-4901-4091-8 of Disbursement or Obligation
Sal	oose of Expenditure ary		Category/ Type 001	М	07
Nam	ne of Federal Candidate		Support	Office Sough	t: House District: 00
Mr.	Mark L Pryor		Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	, , ,	18410.93	Disbursement 2014 Or	t For:
(a) S	UBTOTAL of Itemized Independent Expenditure	S		•	92.40
(b) S	UBTOTAL of Unitemized Independent Expenditu	ures		•	. 7 7
(c) T	OTAL Independent Expenditures			· [
with,	penalty of perjury I certify that the independe or at the request or suggestion of, any candidat committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	07	14 2014
Sig	gnature		_		

Schedule E)	IN EXILINE	JII OI LEO	PAGE 72 OF 95 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼			
Women Speak Out PAC	Vomen Speak Out PAC					
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on			
Full Name of Payee			Date of Public Distribution/Dissemination			
Peter Sahuc			07 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 107 Phillip Ave			Amount			
City	State	Zip Code	40.00			
Lafayette	LA	70503	Transaction ID : 14a56ce5-5b92-41fd-9 Date of Disbursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	07			
Name of Federal Candidate		Support	Office Sought: House District: 00			
Ms. Mary L Landrieu		X Oppose	President Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought		54982.54	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶			
Full Name of Payee			Date of Public Distribution/Dissemination			
Peter Sahuc			07 12 7 2014			
Mailing Address 107 Phillip Ave			Amount			
City	State	Zip Code	2.52			
Lafayette	LA	70503	Transaction ID: 400b2c0f-5093-406a-a Date of Disbursement or Obligation			
Purpose of Expenditure Mileage		Category/ Type 002	07 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate		Support	Office Sought: House District: 00			
Ms. Mary L Landrieu		X Oppose	President Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought	7 7	54982.54	Disbursement For: Primary ☐ General 2014 Other (specify) ►			
(a) SUBTOTAL of Itemized Independent Expendit	ures		. ▶ 42.52			
(b) SUBTOTAL of Uniternized Independent Exper	nditurae					
(b) SOBTOTAL OF CHILDHIZEG INDEPENDENT EXPER	iditulos		7 7 7			
(c) TOTAL Independent Expenditures			•			
	idate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political			
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 14 2014			
-						

,		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	Da	ate of Public Distribution/Dissemination
Caleb Craig		07 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1410 Bushville drive	Ar	mount
City	itate Zip Code	50.00
Lenoir		ransaction ID: 681736c2-3375-4b16-b ate of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sc	ought: House District: 00
Ms. Kay Hagan	∑ Oppose	esident State: NC
Calendar Year-To-Date Per Election for Office Sought	Disburser 2014	ment For:
Full Name of Payee	D	ate of Public Distribution/Dissemination
Caleb Craig		07 12 2014
Mailing Address 1410 Bushville drive	A	mount
City	State Zip Code	8.10
Lenoir		ansaction ID : 537f84b6-0240-436b-8 ate of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	07 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office So	ought: House District: 00
Ms. Kay Hagan	∑ Oppose Pre	esident X Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	156614.88 Disburse 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	·····	58.10
(b) SUBTOTAL of Unitemized Independent Expenditure	s	7 7 7 7
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized committee or agent of either, or	
Ms. Emily Buchanan	[Electronically Filed] Date 07	14 2014
Signature		

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OF

Schedule E)	VI EXI END	TIONES	PAGE 74 FOR SE OF	OF 95 FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATI	ON NUMBER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	rt filed on	Y Y Y Y
Full Name of Payee			Date of Public Distribution	/Dissemination
Najib Mahmud			07 / 12	2014
Mailing Address 3432 Riverrock Ct			Amount	
City	State	Zip Code		40.00
Baton Rouge	LA	70820	Transaction ID : fb42e532 Date of Disbursement or 0	
Purpose of Expenditure Salary		Category/ Type 001	07 / 12	2014
Name of Federal Candidate		Support	Office Sought: House	District: 00
Ms. Mary L Landrieu		X Oppose	President Senate	State: LA
Calendar Year-To-Date Per Election for Office Sought	7	54982.54	Disbursement For: ☐ Primary 2014 ☐ Other (specify) ▶	/ Keneral
Full Name of Payee			Date of Public Distribution	/Dissemination
Najib Mahmud			07 / 12	2014
Mailing Address 3432 Riverrock Ct			Amount	
City	State	Zip Code		3.00
Baton Rouge	LA	70820	Transaction ID : 2938858e Date of Disbursement or	
Purpose of Expenditure Mileage		Category/ Type 002	07 / 12	2014
Name of Federal Candidate		Support	Office Sought: House	District: 00
Ms. Mary L Landrieu		X Oppose	President Senate	State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	54982.54	Disbursement For: ☐ Primary 2014 ☐ Other (specify) ▶	y X General
(a) SUBTOTAL of Itemized Independent Expenditu	res			43.00
			7	
(b) SUBTOTAL of Unitemized Independent Expendent	litures		>	
(c) TOTAL Independent Expenditures			•	- 40
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 14 Y 20	14 Y

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	0 00030700
Check if 24-hour report X 48-hour report New report Amends report file	ed on Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Amy Eddie	07 12 2014
Mailing Address 5006 Lakeview Road	Amount
City State Zip Code	17.50
North Little Rock AR 72116	Transaction ID : 201a5171-903e-4aa8-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 / 12 / 2014
Name of Federal Candidate Support Office	ce Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Dis 201	bursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Amy Eddie	07 12 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5006 Lakeview Road	Amount
City State Zip Code	2.10
North Little Rock AR 72116	Transaction ID : c44ef162-dc54-440b-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	07 12 2014
Name of Federal Candidate Support Offi	ce Sought: House District: 00
Mr. Mark L Pryor Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought Dis 20	bursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	19.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not r with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	07 14 2014
Signature	

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	G 55555765
Check if 24-hour report X 48-hour report New report Amends report file	ed on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Dylan Simon	07 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 111 Millrock Drive	Amount
City State Zip Code	51.17
Lafayette LA 70508	Transaction ID : a7ee166c-11d0-4e86-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 / 12 / 2014
	ice Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Dis 201	bursement For: Primary ☐ General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Dylan Simon	07 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 111 Millrock Drive	Amount
City State Zip Code	14.73
Lafayette LA 70508	Transaction ID: c53d1443-f263-4316-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	07 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Off	ice Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought Dis 20	sbursement For: Primary Separal Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	65.90
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	07 14 2014
Signature	

Schedule E)	TI EXI END	TOTILO		PAGE 77 OF 95 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Zachary Vidrine			M	f Public Distribution/Dissemination
Mailing Address 202 Rue Des Cajun			Amour	07 12 2014 ut
City	State	Zip Code		60.00
Ville Platte	LA	70586		action ID : 2b60687a-af98-4427-a f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		07 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		54982.54	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
Full Name of Payee			Date of	f Public Distribution/Dissemination
Nathaniel S Bancroft			М	07
Mailing Address 4106 Sterling Trace				0. 12 2017
			Amour	nt
City	State	Zip Code		10.00
Winterville	NC	28590		ction ID: 62724436-8e1d-4340-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	07 12 / 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Kay Hagan		Oppose	Preside	nt Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		156614.88	Disbursement 2014 Ot	For: Primary X General
(a) SUBTOTAL of Itemized Independent Expenditure	es		▶	70.00
(b) SUBTOTAL of Unitemized Independent Expendi	tures		· •	
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorize			
Ms. Emily Buchanan	[Electro	nically Filed] Date	e 07 /	14 2014
Signature				

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Ame	nds report filed on M M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Nathaniel S Bancroft	07 12 2014
Mailing Address 4106 Sterling Trace	Amount
City State Zip Code	1,20
Winterville NC 28590	Transaction ID : a076bf91-0099-4b17-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type	002 07 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	upport Office Sought: House District: 00
Ma Kasallana	ppose President X Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 156614.88	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee	
Amy E Bancroft	Date of Public Distribution/Dissemination 07 12 2014
Mailing Address 4106 Sterling Trace	Amount
City State Zip Code	35.00
Winterville NC 28590	Transaction ID : 510c71a1-319d-48ab-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type	001 07 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Su	upport Office Sought: House District: 00
Ms. Kay Hagan	ppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 156614.88	Disbursement For: Primary General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	36.20
(b) SUBTOTAL of Unitemized Independent Expenditures	······································
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported here with, or at the request or suggestion of, any candidate or authorized committee or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed]	Date 07 14 2014
Signature	

PAGE

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OF

Schedule E)	EXI END	101120		PAGE 79 OF 95 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
			M	M / D D / Y Y Y Y
Check if 24-hour report 48-hour report	X New repo	ort Amends repo	rt filed on	
Full Name of Payee Amy E Bancroft				of Public Distribution/Dissemination
Mailing Address 4106 Sterling Trace				07 12 2014
4 100 Stelling Hace			Amour	nt
City	State	Zip Code		4.35
Winterville	NC	28590		action ID: 91d84298-0b14-4d54-b of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	М	07 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	:: House District: 00
Ms. Kay Hagan		X Oppose	Preside	nt Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	56614.88	Disbursement 2014 Ot	For: Primary
Full Name of Payee			Date of	of Public Distribution/Dissemination
Evelyn Lesaicherre				07 12 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 629 Radiance Ave				07 12 2014
			Amour	nt
City	State	Zip Code		60.00
Metairie	LA	70001	Transa Date o	ction ID: 308ef536-eeaa-4ef2-a of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	07
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	ent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		54982.54	Disbursement 2014 Of	t For: Primary X General
•				
(a) SUBTOTAL of Itemized Independent Expenditures.			•	64.35
(b) SUBTOTAL of Unitemized Independent Expenditure	es		•	
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ac	or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	M M / / 07	14 2014
Signature				

Schedule E)	I EXI END			PAGE 80 OF 95 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	*M / D = D / Y = Y = Y
Full Name of Payee			Date o	of Public Distribution/Dissemination
Evelyn Lesaicherre				07 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 629 Radiance Ave			Amour	nt
City	State	Zip Code		5.25
Metairie	LA	70001		action ID : 69e09139-582f-41dc-9 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M	07
Name of Federal Candidate		Support	Office Sought	t: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	,	54982.54	Disbursement 2014 Ot	t For: Primary
Full Name of Payee			Date of	of Public Distribution/Dissemination
Tarrin Lesaicherre				07 12 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 629 Radiance Ave				
			Amour	nt
City	State	Zip Code		60.00
Metairie	LA	70001	Transa Date o	ction ID : 57e583c1-2f2e-4079-9 f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	07
Name of Federal Candidate		Support	Office Sough	t: House District:00
Ms. Mary L Landrieu		Oppose	Preside	ent X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	54982.54	Disbursement 2014 Of	t For:
(a) SUBTOTAL of Itemized Independent Expenditure	es		•	65.25
(b) SUBTOTAL of Unitemized Independent Expendit	tures			7 7 7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	M M M /	14 2014
Signature				

· · · · · · · · · · · · · · · · · · ·	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report No	ew report Amends report filed on Amends report
Full Name of Payee	Date of Public Distribution/Dissemination
Tarrin Lesaicherre	07 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 629 Radiance Ave	Amount
City State	Zip Code 5.25
Metairie LA	70001 Transaction ID : 5e496b40-de06-40d4-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 07 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Reagan Brackett Mailing Address 502 E Center Ave	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State	Zip Code 50.00
Searcy AR	72143 Transaction ID : 6bdb8391-50e4-45dd-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 07 12 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2014 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	55.25
(b) SUBTOTAL of Unitemized Independent Expenditures	>
(c) TOTAL Independent Expenditures	• • • • • • • • • • • • • • • • • • •
	ditures reported herein were not made in cooperation, consultation, or concert horized committee or agent of either, or (if the reporting entity is not a political
	Electronically Filed] Date 07 14 2014
Signature	

PAGE 81

OF

Schedule E)	1121 0111 01 11121 2.121	-IV: -/	1101120		PAGE 82 OF 95 FOR SE OF FORM 24/48
NAME OF COM	,				FEC IDENTIFICATION NUMBER ▼
Women Sp	eak Out PAC				C C00530766
Check if 24-	hour report X 48-hour report	New rep	oort Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name of Amelia E	Payee Brackett				of Public Distribution/Dissemination
Mailing Addre	ess 804 Roundabout Circle			Amour	07 12 2014 nt
City		State	Zip Code		40.00
Searcy		AR	72143		action ID : bd1a060c-aae0-43f4-8 of Disbursement or Obligation
Purpose of E Salary	xpenditure		Category/ Type 001		07 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Fed	leral Candidate		Support	Office Sought	: House District: 00
Mr. Mark L P	Pryor		Oppose	Preside	
	r Year-To-Date ction for Office Sought		18410.93	Disbursement 2014 Of	t For: Primary
Full Name of Amelia B	rackett				of Public Distribution/Dissemination
City Searcy		State AR	Zip Code 72143	Transa	10.50 ction ID: 418adb21-b363-4125-8 of Disbursement or Obligation
Purpose of E Mileage	Expenditure		Category/ Type 002		07 Dispulsement of Obligation 07 12 2014
Name of Fed	deral Candidate		Support	Office Sough	t: House District:00
Mr. Mark L F	Pryor		Oppose	Preside	
	ar Year-To-Date ction for Office Sought		18410.93	Disbursemen 2014 O	t For:
(a) SUBTOTA	L of Itemized Independent Expendent	itures		· [50.50
(b) SUBTOTA	L of Unitemized Independent Expe	nditures		· •	7
(c) TOTAL Inc	dependent Expenditures			· [
with, or at the		didate or authorized			ooperation, consultation, or concert the reporting entity is not a political
	Ms. Emily Buchanan	[Electron	nically Filed] Date	9 07	14 2014
Signature					

Sc	hedule E)	1 11111	II OILE		PAGE 83 OF 95 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Che	eck if 24-hour report X 48-hour report	New repo	port Amends re	eport filed	d on M = M / D = D / Y = Y = Y
T	Full Name of Payee Francis Richardson				Date of Public Distribution/Dissemination
-	Mailing Address 220 Doucet Rd				07 12 2014 Amount
					Amount
1	City State		Zip Code		22.00
	Lafayette LA		70503		Transaction ID: 7c191379-ed8e-4835-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 0	01	07 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ŀ	Name of Federal Candidate		Support	t Offic	e Sought: House District: 00
	Ms. Mary L Landrieu		X Oppose		President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		54982.54	Disb 2014	ursement For: Primary X General Other (specify) ▶
Ì	Full Name of Payee			1	Date of Public Distribution/Dissemination
	Francis Richardson				M M / D D / Y Y Y Y
ŀ	Mailing Address 220 Doucet Rd				07 12 2014
	220 Double Nu				Amount
ŀ	City State		Zip Code		1.56
	Lafayette LA		70503		Transaction ID : c9bedbdf-dfd9-485a-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 00	02	07 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ľ	Name of Federal Candidate		Support	t Offic	e Sought: House District: 00
	Ms. Mary L Landrieu		X Oppose		President State: LA
	Calendar Year-To-Date Per Election for Office Sought		54982.54	Disb 2014	ursement For: Primary General Other (specify)
((a) SUBTOTAL of Itemized Independent Expenditures			····· •	23.56
((b) SUBTOTAL of Unitemized Independent Expenditures			······ ▶	
((c) TOTAL Independent Expenditures			······ >	7 7 7
٧	Under penalty of perjury I certify that the independent expervith, or at the request or suggestion of, any candidate or account committee) any political party committee or its agent.				
		Electron	nically Filed]	Date Oate	07 14 2014
	Signature				

Schedule E)		71101120	<u> </u>	PAGE 84 OF 95 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				NTIFICATION NUMBER ▼
Women Speak Out PAC				00530766
			M = M /	D = D / Y = Y = Y
Check if 24-hour report	48-hour report New rep	port Amends repor	t filed on	
Full Name of Payee Sean B Hicks			Date of Public I	Distribution/Dissemination
Mailing Address 44 McDowell D	rive		07	12 2014
			Amount	
City	State	Zip Code		10.00
Wake Forest	NC	27587		: 791b29f9-0dcb-43d8-9 ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 /	12 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sou	ght	156614.88	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Sean B Hicks			07 /	12 2014
Mailing Address 44 McDowell	Drive			
			Amount	
City	State	Zip Code		0.84
Wake Forest	NC	27587	Transaction ID : Date of Disburs	cd6dc19d-16d1-48be-b sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 /	12 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President X	
Calendar Year-To-Date Per Election for Office Sou	ght	156614.88	Disbursement For: 2014 Other (spec	Primary
(a) SUBTOTAL of Itemized Indep	pendent Expenditures		•	10.84
(b) SUBTOTAL of Unitemized Inc	dependent Expenditures		>	7 1 7
(c) TOTAL Independent Expendit	tures		>	7
	that the independent expenditurestion of, any candidate or authorize ty committee or its agent.			
Ms. Emily Buchanan	[Electro	nically Filed] Date	07 / 14	/ Y Y Y Y Y 2014
Signature				

Sche	edule E)	.//i h	101120				PAGE 85 FOR SE OF FO	OF 95 ORM 24/48	
	OF COMMITTEE (In Full)					FEC ID	DENTIFICATION		
Wo	men Speak Out PAC					С	C00530766		
Check	if 24-hour report X 48-hour report	New repo	ort Ame	ends repo	rt filed on	M = M /		/	Υ
	ull Name of Payee Ms. Tonya Boyd				Date		c Distribution/Dis		
	ailing Address 2357 Fancy Cap Rd					07 O7	12	2014	
					Amo	unt			_
С	ity St	ate	Zip Code					45.00)
N	/t. Airy	/C	27030				ID: 94b20a4e-dursement or Obli		
	urpose of Expenditure Salary		Category/ Type	001		M 07	12	2014	Υ
N	ame of Federal Candidate		s	Support	Office Soug	ght:	House Dis	strict: 00	
Ν	ls. Kay Hagan		\boxtimes c	ppose	Presi	dent	Senate S	State: NC	
	Calendar Year-To-Date Per Election for Office Sought	15	56614.88		Disburseme 2014	ent For: Other (sp	Primary Decify) ▶	X Gene	ral
	ull Name of Payee						c Distribution/Di	sseminatior	1 1
	Ms. Tonya Boyd					M M M 07	/ D D /	2014	Υ
M	lailing Address 2357 Fancy Cap Rd					07	12	2014	_
	, ,				Amo	ount			
С	ity St	ate	Zip Code					13.32	
	,	NC	27030		Trans Date	saction II of Disbu	D: b9ac65dc-49 ursement or Obl	91-4cc6-b igation	
	urpose of Expenditure Mileage		Category/ Type	002		07 ^M	12	2014	Y
N	ame of Federal Candidate		S	Support	Office Sou	ght:	House Di	strict: 00)
N	1s. Kay Hagan		\boxtimes	Oppose	Presi	dent	X Senate S	State: NC	;
	Calendar Year-To-Date Per Election for Office Sought		156614.88	3	Disburseme 2014	ent For: Other (sp	Primary Decify) ▶	X Gene	ral
(a)	SUBTOTAL of Itemized Independent Expenditures				· [-7-	7	58.32	_
(b)	SUBTOTAL of Unitemized Independent Expenditures	i			•				
(c)	TOTAL Independent Expenditures				•	4	7	1 45	
with	der penalty of perjury I certify that the independent en, or at the request or suggestion of, any candidate of ty committee) any political party committee or its age	or authorized							
	Ms. Emily Buchanan	[Electronia	cally Filed]	Date	07	14	2014	■ Y	
	Signature							_	

Sche	dule E)	EXI EIID	101120		PAGE 86 OF 95 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Won	nen Speak Out PAC				C C00530766
				M	M / D D / Y Y Y Y
Check i	if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	
Full	Name of Payee ric Wilson				of Public Distribution/Dissemination
Mai	iling Address 907 Randall Drive				07 12 2014
	307 Rahdah Dhive			Amour	nt
City	/	State	Zip Code	─ [:	30.00
Se	earcy	AR	72149		action ID: f57bc5c3-6ca8-4af1-8 of Disbursement or Obligation
	pose of Expenditure lary		Category/ Type 001	M	07 12 / 2014
Nar	me of Federal Candidate		Support	Office Sought	t: House District:00
Mr	. Mark L Pryor		X Oppose	Preside	ent Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	, , , , , , , , , , , , , , , , , , ,	18410.93	Disbursement 2014 Of	t For: Primary
	Name of Payee			Date of	of Public Distribution/Dissemination
Z	achary Biviano			M	07 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ma	iling Address 603 Greenwood Dr				07 12 2014
				Amou	nt
City	у	State	Zip Code		20.00
	earcy	AR	72143	Transa Date o	ction ID: e1d4522c-fd57-4e44-8 of Disbursement or Obligation
	rpose of Expenditure alary		Category/ Type 001	M	07 12 7 2014
Nai	me of Federal Candidate		Support	Office Sough	t: House District: 00
Mr	. Mark L Pryor		X Oppose	Preside	ent Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	<u>, , , , , , , , , , , , , , , , , , , </u>	18410.93	Disbursemen 2014 O	t For:
(a) \$	SUBTOTAL of Itemized Independent Expenditures	s		· •	50.00
(b) \$	SUBTOTAL of Unitemized Independent Expenditu	ires			
(c) T	TOTAL Independent Expenditures			•	7 7
with,	er penalty of perjury I certify that the independer or at the request or suggestion of, any candidat or committee) any political party committee or its a	e or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	07	14 2014
S	ignature				

FEC IDENTIFICATION NUMBER V C C C C C C C C C		modulo L)	FOR SE OF FORM 24/48
Check if			FEC IDENTIFICATION NUMBER ▼
Full Name of Payee Zachary Biviano Mailing Address 603 Greenwood Dr City State Zip Code AR 72143 Name of Federal Candidate Mileage Septiment of Discontinuor Dissemination Name of Federal Candidate Mileage Septiment of Discontinuor Dissemination Name of Federal Candidate Mileage Septiment of Discontinuor Dissemination Name of Federal Candidate Mileage Support Mr. Mark L Pryor Support Calendar Year-To-Date Per Election for Office Sought City State Zip Code Benjamin Hernandez City State Zip Code Benjamin Hernandez City State Zip Code Benjamin Hernandez Category/ Searcy AR 72149 Date of Public Distribution/Dissemination Or 12 2014 Amount Date of Public Distribution/Dissemination Or 12 2014 Date of Pub	۷۱	omen Speak Out PAC	C C00530766
Amount City State Zip Code State Support Category Support Category State Support Category State Support Category Support	Che	eck if 24-hour report X 48-hour report New report Amends report filed	
Mailing Address 603 Greenwood Dr City State Zip Code AR 72143 Purpose of Expenditure Mileage Category/ Mileage Oppose of Expenditure Mr. Mark L Pryor	Т	Full Name of Payee	Date of Public Distribution/Dissemination
City State Zip Code Searcy AR 72143 Purpose of Expenditure Mr. Mark L Pryor Caledar Year-To-Date Per Election for Office Sought Full Name of Payee Benjamin Hernandez Mailing Address 915 E Market Ave City State Zip Code Rangery 002 Name of Federal Candidate Mailing Address 915 E Market Ave Category/ Name of Federal Candidate City State Zip Code Searcy AR 72149 Purpose of Expenditure Salary Name of Federal Candidate Mailing Address 915 E Market Ave City State Zip Code Searcy AR 72149 Name of Federal Candidate Mr. Mark L Pryor Category/ Name of Federal Candidate Mr. Mark L Pryor Name of Federal Candidate Name		·	
Searcy AR 72143 Furpose of Expenditure Mileage Name of Federal Candidate Mr. Mark L Pryor Category/ Type ODD Office Sought: House District: OPPresident Senate State: AR Calendar Year-To-Date Per Election for Office Sought Name of Federal Candidate Mailing Address 915 E Market Ave Purpose of Expenditure Salary Name of Federal Candidate Mark L Pryor City State Zip Code Searcy AR 72149 Purpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pryor Office Sought: Transaction ID: 160efe20-e405-41 dc-9 Date of Disbursement or Obligation Office Sought: House District: Other (specify) Frimary General Zon'4 Amount Category/ Type Office Sought: Name of Federal Candidate Mr. Mark L Pryor Oppose President Sought: Transaction ID: 160efe20-e405-41 dc-9 Disbursement For: Office Sought: House District: OPPresident Sought: Amount Transaction ID: 160efe20-e406-41 dc-9 Disbursement For: Oppose President Sought: Transaction ID: 160efe20-e406-41 dc-9 District: OPPresident Sought: Transaction ID: 160efe20-e406-41 dc-9 District: Oppose District: OPPresident Sought: Transaction ID: 160efe20-e406-41 dc-9 District: OPPresident Sought: OPPresident Sought: OPPreside		Mailing Address 603 Greenwood Dr	Amount
Searcy AR 72143 Furpose of Expenditure Mileage Name of Federal Candidate Mr. Mark L Pryor Category/ Type ODD Office Sought: House District: OPPresident Senate State: AR Calendar Year-To-Date Per Election for Office Sought Name of Federal Candidate Mailing Address 915 E Market Ave Purpose of Expenditure Salary Name of Federal Candidate Mark L Pryor City State Zip Code Searcy AR 72149 Purpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pryor Office Sought: Transaction ID: 160efe20-e405-41 dc-9 Date of Disbursement or Obligation Office Sought: House District: Other (specify) Frimary General Zon'4 Amount Category/ Type Office Sought: Name of Federal Candidate Mr. Mark L Pryor Oppose President Sought: Transaction ID: 160efe20-e405-41 dc-9 Disbursement For: Office Sought: House District: OPPresident Sought: Amount Transaction ID: 160efe20-e406-41 dc-9 Disbursement For: Oppose President Sought: Transaction ID: 160efe20-e406-41 dc-9 District: OPPresident Sought: Transaction ID: 160efe20-e406-41 dc-9 District: Oppose District: OPPresident Sought: Transaction ID: 160efe20-e406-41 dc-9 District: OPPresident Sought: OPPresident Sought: OPPreside	ł	City State Zip Code	3.00
Purpose of Expenditure Mileage Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Senate State: AR Date of Public Distribution/Dissemination Transaction ID: 0d3710dc-c496-42c0-8 Date of Disbursement For: Office Sought: House District: OO President Senate State: AR Calendar Year-To-Date Purpose of Expenditure Salary Name of Federal Candidate Mark L Pryor AR Total Category' Type Oot Transaction ID: 0d3710dc-c496-42c0-8 Date of Disbursement or Obligation Transaction ID: 0d3710dc-c496-42c0-8 Date of Disbursement For: Office Sought: House District: OO President Senate State: AR Disbursement For: Primary Seneral Senate State: AR Disbursement For: Primary Seneral Other (specify) Cother (specify) Under penalty of perjury certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	١		
Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Benjamin Hernandez Mailing Address 915 E Market Ave City State Zip Code Searcy AR 72149 Purpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Name of Pederal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Mr. Mark L Pryor Mr. Mark L Pryor Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Mr. Mark L Pryor Mr. Mark		Mileage Category/ 002	M M / D D / Y Y Y
Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Benjamin Hernandez Mailing Address 915 E Market Ave City State Zip Code Searcy AR 72149 Purpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Mr. Emily Buchanan Electronically Filed Date Office Date Office Offic	ı	Name of Federal Candidate Support Office	Sought: House District: 00
Per Election for Office Sought Full Name of Payee Benjamin Hernandez Mailing Address 915 E Market Ave City State Zip Code Searcy AR 72149 Purpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. In the fine of Payee Bate of Public Distribution/Dissemination Date of Public Distribution/Dissemination Transaction ID: 033710dc-c496-42c0-8 30.00 Transaction ID: 033710dc-c496-42c0-8 Transaction ID: 033710dc-c496-42c0-8 Transaction ID: 043710dc-c496-42c0-8 Transa		Mr. Mark L Pryor Oppose	President State: AR
Full Name of Payee Benjamin Hernandez Mailing Address 915 E Market Ave City State Zip Code Searcy AR 72149 Purpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pryor Calegory/ Oppose President X Senate State: AR Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Date of Public Distribution/Dissemination Mo7		10440 00	
Benjamin Hernandez Mailing Address 915 E Market Ave City State Zip Code Searcy AR 72149 Purpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pryor Calegory/ Oppose Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date OT 12 Amount Transaction ID: 0d3710dc-c496-42c0-8 Date of Disbursement or Obligation Transaction ID: 0d3710dc-c496-42c0-8 Date of Disburseme	ŀ	Full Name of Pavee	
Mailing Address 915 E Market Ave City State Zip Code 30.00			M = M / D = D / Y = Y = Y
Searcy AR 72149 Purpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Transaction ID: 0d3710dc-c496-42c0-8 Date of Disbursement or Obligation Mo7		Mailing Address 915 E Market Ave	
Purpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	ı	City State Zip Code	30.00
Purpose of Expenditure Salary Category/ Type 001 07		Searcy AR 72149	Transaction ID: 0d3710dc-c496-42c0-8 Date of Disbursement or Obligation
Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures		Salany Odlegory 001	M M / D D / Y Y Y Y
Calendar Year-To-Date Per Election for Office Sought 18410.93 Disbursement For: Primary General 2014 Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures	١	Name of Federal Candidate Support Office	e Sought: House District: 00
Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures		Mr. Mark L Pryor Oppose	President State: AR State:
(b) SUBTOTAL of Unitemized Independent Expenditures		10440.00	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date O7 14 2014	((a) SUBTOTAL of Itemized Independent Expenditures	33.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. **Ms. Emily Buchanan** [Electronically Filed] Date Date Dat		(b) SUBTOTAL of Unitemized Independent Expenditures	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date O7 14 2014		(c) TOTAL Independent Expenditures	
[Electronically Filed] Date 07 14 2014	١	with, or at the request or suggestion of, any candidate or authorized committee or agent of either	
batto vi		[El-+	
		Part Part	

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OF

ScI	hedule E)	L /(1 L /(2)	1101120		PAGE 88 OF 95 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Che	eck if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M
T	Full Name of Payee Benjamin Hernandez				of Public Distribution/Dissemination
-	Mailing Address 915 E Market Ave			Amou	07 12 2014 int
1	City	State	Zip Code	-	2.10
	Searcy	AR	72149		saction ID : 99df20c0-e10e-4862-8 of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		07 12 7 2014
t	Name of Federal Candidate		Support	Office Sough	nt: House District:00
	Mr. Mark L Pryor		X Oppose	Preside	ent State: AR
	Calendar Year-To-Date Per Election for Office Sought		18410.93	Disbursemen 2014 O	nt For:
	Full Name of Payee Cory Bryson				of Public Distribution/Dissemination
	Mailing Address 216 Dogwood Ln			Amou	ınt
ľ	City	State	Zip Code	\neg L	35.00
	Belmont Purpose of Expanditure	NC	28012	Transa Date	action ID: 0e55b26e-defb-49ec-b of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		07 / 12 / 2014
Ī	Name of Federal Candidate		Support	Office Sough	nt: House District:00
	Ms. Kay Hagan		X Oppose	Preside	ent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	, , ,	156614.88	Disbursemen 2014	nt For:
(6	a) SUBTOTAL of Itemized Independent Expenditures	3		•	37.10
(1	b) SUBTOTAL of Unitemized Independent Expenditure	ıres		· • [
(c) TOTAL Independent Expenditures			· •	
W	Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 07	14 2014
	Signature				

Schedule E)	DENT EXICIO	HONES	PAGE 89 OF 95 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repo	rt New rep	oort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Cory Bryson			07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 216 Dogwood Ln			Amount
City	State	Zip Code	25.50
Belmont	NC	28012	Transaction ID: 901cef30-9372-4e09-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		156614.88	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Kenny Wallis			07
Mailing Address 6412 Osage Dr			Amount
City	State	Zip Code	15.00
North Little rock	AR	72116	Transaction ID : 6cf562b0-e8eb-4dee-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 12 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought		18410.93	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	enditures		40.50
(b) SUBTOTAL of Unitemized Independent Ex	rpenditures		•
(c) TOTAL Independent Expenditures			•
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 14 2014

Schedule E)	VI EXI END	TIONES	PAGE 90 OF 95 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Kenny Wallis			07 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6412 Osage Dr			Amount
City	State	Zip Code	2.04
North Little rock	AR	72116	Transaction ID: 09f34cbc-4326-455b-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	18410.93	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Robin L Bennett			07 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3505 Beaumont St			Amount
Apt 13D			
City Neosho	State MO	Zip Code 64850	35.00 Transaction ID : 0dce07e0-de4c-4516-9
Purpose of Expenditure			Date of Disbursement or Obligation
Salary		Category/ Type 001	07 12 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	18410.93	Disbursement For: Primary ☐ General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	roo		37.04
(a) SOBTOTAL OF REINIZED INDEPENDENT EXPENDING	165		37.04
(b) SUBTOTAL of Unitemized Independent Expendent	litures		>
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorize		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 14 2014
5.g. (a.a.)			

Schedule E)	EXI ENDITO	ILO		PAGE 91 OF 95 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			1	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New report	Amends repo	rt filed on	M / D = D / Y = Y = Y
Full Name of Payee Robin L Bennett			M	f Public Distribution/Dissemination
Mailing Address 3505 Beaumont St			Amoun	12 2014
Apt 13D			Amoun	
1 7	ate Zip	Code	Transa	37.50 ction ID : f91a7c8c-5833-44f9-9
Purpose of Expenditure			Date of	Disbursement or Obligation
Mileage	Ca	tegory/ Type 002		07 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	Preside	nt Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	1841	10.93	Disbursement 2014 Ott	For: Primary
Full Name of Payee			Date o	f Public Distribution/Dissemination
Lily Green				07 12 2014
Mailing Address 205 Medallion Circle			Amoun	t
City	tate Zip	Code		90.00
Shreveport	LA 711	119		tion ID: 02527c83-8433-41cf-8 f Disbursement or Obligation
Purpose of Expenditure Salary	Ca	tegory/ Type 001		07 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Ę	54982.54	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			• •	127.50
(b) SUBTOTAL of Unitemized Independent Expenditures	·			7 1 7 1 7
(c) TOTAL Independent Expenditures			· [7
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate o party committee) any political party committee or its ager	r authorized com			
Ms. Emily Buchanan	[Electronically	Filed] Date	M M / 07	14 2014
Signature				

Schedule E)	EXI ENDI	TOTIES		PAGE 92 OF 95 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Lily Green			M	f Public Distribution/Dissemination
Mailing Address 205 Medallion Circle			Amour	07 12 2014 nt
City	State	Zip Code		29.70
Shreveport	LA	71119		action ID: 312e22b8-9a03-4431-b f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M	07 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		54982.54	Disbursement 2014 Ot	For: Primary
Full Name of Payee			Date of	of Public Distribution/Dissemination
Jon Linch			M	07 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6108 Harkins Ave			Amour	
City	State	Zip Code	— I	90.00
Little Rock	AR	72210		ction ID : 6e9bc143-6b65-4448-9 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	07 12 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	t: House District:00
Mr. Mark L Pryor		X Oppose	Preside	ent Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		18410.93	Disbursement 2014 Of	t For: Primary X General ther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				119.70
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				7 7
(b) SUBTOTAL of Unitemized Independent Expenditure	es		• •	7 7 7
(c) TOTAL Independent Expenditures			•	1 7 1 1 7 1 1 7 1
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized			
Ms. Emily Buchanan	[Electroni	ically Filed] Date	e 07 /	14 2014
Signature				

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	I on Mam / Dad / Yayayay
	Full Name of Payee	Date of Public Distribution/Dissemination
	Jon Linch	07 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 6108 Harkins Ave	Amount
	City State Zip Code	16.20
	Little Rock AR 72210	Transaction ID : e4041fd3-5531-480b-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	07 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR
	40440.00	ursement For: Primary X General
	Per Election for Office Sought 18410.93 2014	Other (specify) ▶
	Full Name of Payee Chris McCoy	Date of Public Distribution/Dissemination
	Mailing Address 1025 Cayley Ct	07 12 2014 Amount
	City State Zip Code	95.00
	High Point NC 27260	Transaction ID : ec8be208-7932-4842-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	07 12 2014
	Name of Federal Candidate Support Offic	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC State:
	Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	111.20
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
		07 14 2014
	Signature	

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OF

Schedule E)		PAGE 94 OF 95 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report N	ew report Amends report fil	ed on
Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination
Mailing Address 1025 Cayley Ct		07 12 7 2014
1020 dayley of		Amount
City State	Zip Code	18.90
High Point NC	27260	Transaction ID: edb7c9f4-bfec-4efc-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	07 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Off	fice Sought: House District:00
Ms. Kay Hagan	X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	156614.88 Dis	sbursement For: Primary
Full Name of Payee		Date of Public Distribution/Dissemination
Danielle McCoy		07 12 Y Y Y Y Y
Mailing Address 1025 Cayley Ct		07 12 2017
		Amount
City State	Zip Code	95.00
High Point NC	27260	Transaction ID: 65694382-7d29-47f0-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Of	fice Sought: House District: 00
Ms. Kay Hagan	Oppose [President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		sbursement For: Primary X General 114 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·····	113.90
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures	>	
Under penalty of perjury I certify that the independent expen with, or at the request or suggestion of, any candidate or aut party committee) any political party committee or its agent.		
Ms. Emily Buchanan	Electronically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	butc	

Schedule E)	PAGE 95 OF 95 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed	d on Mam / Dab / Yayayay
Full Name of Payee Danielle McCoy	Date of Public Distribution/Dissemination
Mailing Address 1025 Cayley Ct	07 12 2014 Amount
City State Zip Code	20.40
High Point NC 27260	Transaction ID: 7b8f4b60-fe7c-4784-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	07 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC State:
Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	Amount
City State Zip Code	
	Detect Dishuranment or Obligation
Purpose of Expenditure Category/ Type	Date of Disbursement or Obligation
Name of Federal Candidate Support Office	ee Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	oursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	20.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	9930.48
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
[Electronically Filed] Date	07
Signature	